DOCUMENT RESUME

ED 332 436 EC 300 298

TITLE	PRISE Reporter, Volume 21, No. 1-5, October 1989-June 1990.
INSTITUTION	Pennsylvania Resources and Information Center for Special Education (PRISE), King of Prussia, Pa.
SPONS AGENCY	Pennsylvania State Dept. of Education, Harrisburg. Bureau of Special Education.
PUB DATE	Jun 90
NOTE	33p.
PUB TYPE	Collected Works - Serials (022)
JOURNAL CIT	PRISE Reporter; v21 n1-5 Oct-Jun 1989-90
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	*Behavior Problems; Classroom Techniques; Congenital Impairments; *Consultation Programs; Curriculum; *Disabilities; Discipline; Economically Disadvantaged; Educational Cooperation; Elementary Secondary Education; *High Risk Students; Homeless People; Peer Relationship; *Prenatal Influences; Preschool Education; Substance Abuse; Teacher Student Relationship; Teaching Methods; Teamwork

ABSTRACT

The five issues in volume 21 of this newsletter report on issues and happenings in the education of handicapped students. Feature articles include: "Facilitating Consultation through Peer Collaboration" (Marleen C. Pugach and Lawrence J. Johnson); "Homeless Children: Educational Strategies for School Personnel" (Michelle F. Linehan); "Curriculum and At-Risk Learners: Coherence or Fragmentation?" (Richard L. Allington); "Classroom Noncompliance and Teacher- Student Interactions" (Hill M. Walker); and "Working with Children at Risk Due to Prenatal Substance Exposure" (Carol K. Cole and others). In addition to the feature article, issues contain current literature citations and descriptions of instructional materials, audiovisual materials, legislation and litigation, research, implementation models, and other resources. (PB)

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PAIS reporter
issues and happenings in the education of handicapped students
vol. 21, no. 1, October 1989

pennsylvania resources and information center for special education 200 Anderson Road, King of Prussia, Pa 19406. 215/265-7321

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FACILITATING CONSULTATION THROUGH PEER COLLABORATION

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One of the most important goals in the move toward consultation between specialists and classroom teachers is having classroom teachers gain the expertise to solve problems on their own. Through consultation, classroom teachers should gain experience with alternative instructional and management strategies and with how to develop systematic ways of dealing with classroom problems. This particular outcome of consultation is extremely important because as more teachers develop the flexibility and expertise to deal with problematic situations independently, the services of specialists can be reserved for more severe cases and for other educational tasks, for example, organizing a schoolwide peer tutoring program.

But promoting independent problem solving skills for teachers through consultation is not that easy in practice. In fact, one of the most challenging aspects of increased interaction between specialists and classroom teachers is making sure that consultation doesn't result in a relationship where the specialist is always in the "expert" role of prescribing interventions and the classroom teacher is always trying out those ideas. For a consulting relationship to meet the goal of developing independent problem solving skills for classroom teachers, specialists need a way to assist teachers to create new approaches for thinking about classroom problems and practices — so that specialists don't always have to be there when problems arise. **Peer Collaboration**, the process described in this article, is a structured dialogue that takes place between classroom teachers. It is designed to help teachers gain reflective problem solving skills and use them independently. As a fundamental part of their consulting responsibilities, special education teachers can train pairs or groups of classroom teachers to use Peer Collaboration. When this occurs, consultants are engaging in what we have called "facilitative consultation," or consultation designed to **facilitate independent problem solving** on the part of classroom teachers.

Peer Collaboration is based on the following assumptions:

1. Classroom teachers can be effective consultants for one another in identifying solutions to many problems.
2. Classroom teachers' initial descriptions of problems may not reflect the situation completely; the situation probably needs clarifying in the mind by the teacher experiencing it.
3. Classroom teachers need time and a specific structure to allow them to consider problems systematically.
4. Learning new ways to approach problematic classroom situations involves teachers' metacognitive thinking, or thinking about the way they think about teaching. This kind of thinking can best be promoted in a collegial relationship in which one teacher can provide guidance to the other in practicing new ways of reflecting on classroom problems.

The four steps of the Peer Collaboration Process are: 1) problem clarification, 2) problem summarization, 3) generating interventions and predicting their outcomes, and 4) developing an evaluation plan. Through these steps, teachers learn to clarify problems they are having in their classrooms. They gain new understandings of problems and think about factors that contribute to their existence. Once problems are clarified, interventions the teachers develop can be well-focused on concerns at hand before being implemented.

The role of the facilitator is not to provide direct suggestions, but rather to make sure the steps are followed in a way that encourages the initiator to change the way he or she thinks about how to solve classroom problems.

During the dialogue, one teacher is known as the "initiator," or the teacher who is presenting a problem to her peer, and the other is the "facilitator," or the teacher who guides the way her partner thinks about the problem. The role of the facilitator is not to provide direct suggestions, but rather to make sure the steps are followed in a way that encourages the initiator **to change the way he or she thinks about how to solve classroom problems.** The kind of help that is provided as a facilitator differs from traditional approaches to consultation. Rather than giving advice

This issue addresses the topic of Student Support Teams. It includes information on research, instructional materials, and Quality Education Implementation Models (QuEIMS) related to consultation, peer collaboration and team processes.

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directly, the facilitator plays a more restrained role by guiding the thinking strategies the initiating teacher uses. This represents a different kind of collegial support, one that allows teachers experiencing problems to draw on their own experience and expertise while being guided in how to think reflectively about it. The facilitator also records notes from the dialogue in a specific booklet designed for this purpose. If for some reason the dialogue is interrupted, both participants can keep track of their discussion.

To begin the dialogue, the initiating teacher writes down a brief (one or two sentence) description of the problematic situation. In the first step, **problem clarification,** the facilitating teacher suggests areas about which the initiating teacher may want to ask clarifying questions. Following each suggestion, the initiating teacher begins a process of asking him or herself questions about various aspects of the situation and then answers those questions. For a problem related to careless work that is full of errors, the early part of a peer collaboration dialogue might go something like this:

Facilitator: What question can you ask yourself about the subject he is most careless in?

Initiator: In what subject do I find Joe doing careless work? It is usually in reading — almost always, in fact. Whenever he has to do extra thinking, especially critical thinking, writing seems to be very difficult for him.

Facilitator: What question can you ask yourself about his ability in reading?

Initiator: What is Joe's ability in reading? Presently he is placed in the — reading level and he is working a grade below level. I guess I never really thought about that.

As the last comment shows, the process of self-questioning allows initiating teachers to "discover" things they know about the situation or to see the situation in a new light. The clarification step can be uncomfortable at first because it is a self-conscious step: **initiators are not simply answering facilitators' questions, but are rephrasing them in their own mind, asking them a bit differently, and then answering them.** It is this kind of reflective thinking process that can be of great value when teachers are faced with challenging teaching situations. The task of clarifying allows the initiating teacher to consider the problem in the context of the classroom situation, to bring to consciousness all the information she has in the back of her mind. Also, once self-questioning is practiced aloud, it is more likely to be internalized as a thinking process.

In the second step, **problem summarization,** a three-part summary is developed. The first part is a description of the problem based upon the results of the previous clarifying questions. It is common for this description to differ from the original description that began the dialogue. Next, the facilitator helps the initiator describe his or her feelings about the problem. Finally, and critically, initiating teachers are asked to identify factors they can control that might relate to an intervention. The purpose of this part is to help teachers understand that they have a lot of freedom to make changes in their rooms, routines, and instructional approaches once they recognize these factors.

The third step is **generating interventions and making predictions.** The facilitator assures that those interventions selected are consistent with the clarified problem description and the factors identified as under the teacher's control. At least three interventions are generated and predictions made about the effects of each on the student, class, and teacher. One is then selected for implementation, but often includes a combination of parts from the three.

To end the dialogue, a two-part **plan for evaluation** is developed. It includes 1) how the teacher will keep track of the plan's implementation, and 2) the effect of the plan on the student targeted for help. The purpose of this step is, obviously, to account for progress; however, it also encourages the initiating teacher to be consistent with implementation and not give up too soon. At the end of the session, the teachers plan to meet again in two weeks; at this follow-up meeting, progress is reviewed and plans are altered as needed.

As a consultant knowledgeable about Peer Collaboration, a special education teacher would not necessarily function exclusively in the role of the facilitator, but could be a trainer who prepares pairs or triads of classroom teachers to be both facilitating and initiating teachers. In preparation for this role, it is important for special education teachers to learn and use the process of Peer Collaboration as both initiators and facilitators. With this experience, special education consultants can gain sensitivity to both roles and begin to understand how it feels to be in the position of having a problem to be solved (and working on solving it!) as well as helping someone learn to solve a problem in a new way for themselves. And consultants gain a new set of problem solving skills. By participating in this kind of collaboration, teachers can begin to develop new ways of solving problems on their own. And by providing training in Peer Collaboration, consultants facilitate that process of independence.

An article concerning research on the Peer Collaboration Model has been accepted for publication by Exceptional Children. Johnson, L. J., & Pugach, M. C. (in press.) **Accommodating the needs of students with mild learning and behavior problems through Peer Collaboration.** *Exceptional Children.*

Marleen Pugach is Associate Professor in the Department of Curriculum and Instruction and a faculty member in the Center for Teacher Education at the University of Wisconsin-Milwaukee. Her areas of expertise include the relationship between classroom teaching and special education, collaborative models of teaching, and reflective approaches to teaching and teacher education.

Lawrence Johnson is Associate Professor in the Area of Special Education and Chairperson of Early Childhood Education for the Handicapped in the College of Education at the University of Alabama. Recent research has addressed methods to enhance the ability of classroom teachers to accommodate the needs of students experiencing mild learning and behavior problems.

CURRENT CITATIONS

Bauwens, J., Hourcade, J. J., & Friend, M. (1989). **Cooperative teaching: A model for general and special education integration.** *Remedial and Special Education,* 10(2), 17-22. Cooperative teaching is a direct service delivery model in which general and special education teachers, along with related service providers, work jointly to teach academically and behaviorally heterogeneous groups of students in educationally integrated general classroom settings. Potential cooperative

teaching arrangements include: **complementary instruction** (the general education teacher maintains primary responsibility for teaching specific subject matter and the special educator assumes primary responsibility for students' mastery of academic survival skills necessary to acquire the subject content); **team teaching** (general and special educators jointly plan and teach academic subject content to all students, sometimes taking turns assuming responsibility for introducing new subject matter); and **supportive learning activities** (the general education teacher maintains responsibility for delivering the essential content of the lessons, while the special educator develops and implements supplementary and supportive learning activities.) Potential barriers to the implementation of cooperative teaching include: (a) time, (b) cooperation and (c) increased workload. Suggestions are made to minimize the impact of insufficient time and cooperation, and increased workload.

Chalfant, J. C., & Pysh, M. V. (in press). **Teacher Assistance Teams: Five descriptive studies on 96 teams**. *Remedial and Special Education*. Reported are findings from the implementation of 96 first-year Teacher Assistance Teams in elementary, middle, and junior high schools in seven states, between 1979 and 1988. Teachers requesting assistance appeared primarily concerned about the management of student behavior. Of the classroom intervention goals written by 46 of the teams for 313 students, 57% were nonacademic (work habits - 25%, classroom behavior - 14%, interpersonal behavior - 11%, and attention - 7%). Only 22% of the total number of goals were in academic areas.

TAT implementation also resulted in improved precision of referrals and diminished assessment costs. In one group of nine schools studied, there was a 63.6% drop in the number of inappropriate referrals after TAT was implemented in 1987—1988. Teachers' reactions to school-based teams and factors related to team effectiveness also are discussed, along with recommendations for improving team effectiveness.

Margolis, H., & McGettigan, J. (1988). **Managing resistance to instructional modifications in mainstreaming environments.** *Remedial and Special Education*, 9(4), 15-21. Unfortunately, child study team personnel often encounter resistance when trying to secure the cooperation of classroom teachers. The authors discuss expectancy theory as a key to managing resistance to change. Expectancy theory asserts that when people perceive outcomes as important and the associated rewards as valuable, they put forth the effort to achieve these outcomes commensurate with their perceptions of the value of the rewards and the probability of obtaining them. Presented is a framework for avoiding resistance to change in which classroom teachers a) build upon what they know and do well, b) are central participants in decision-making, c) own the instructional modifications selected, d) have support throughout the system, e) receive ample task-relevant attention and feedback, f) become familiar with the modifications, g) are invited to modify strategies to increase compatibility with their customary approach to teaching, and h) gain positive recognition for their efforts.

Margolis, H., & Shapiro, A. (1988). **Constructively avoiding the need for due process.** *Special Services in the Schools*, 4(3/4), 145-157. Due process hearings can result in enormous expenditures of money, time and energy, and the development of negative feelings on both sides. Presented are reasons why school professionals should work with parents to avoid unnecessary due process proceedings. Two types of conflicts are discussed: pseudoconflict (resulting from misunderstandings), and substantive conflict. A set of guidelines is provided based on the following sequence: building trust with the parents, listening carefully with empathy, identifying what parents feel is wrong or inappropriate and what they fear, communicating their views back to them, problem solving with them in a structured way, and finally focusing on satisfying their needs, the child's need and the school professionals' needs. Also discussed is the importance of seeking temporary or partial solutions in some situations, allowing time for developing final ones. An example of a structured problem solving format is included.

Ponti, C. R., Zins, J. E., & Graden, J. L. (1988). **Implementing a consultation-based service delivery system to decrease referrals for special education: A case study of organizational considerations.** *School Psychology Review*, 17(1), 89-100. A consultation-based service delivery system to decrease referrals for special education is described. This school-wide method of systematically providing and documenting interventions developed through consultation is implemented in the regular classroom prior to the consideration of traditional psychoeducational assessment and decision-making. A framework denoted by the acronym **DURABLE** (Discussing, Understanding, Reinforcing, Acquiring, Building, Learning, and Evaluating) facilitates the organization and implementation of a prereferral consultation program. A detailed case study illustrates the systems-level issues involved in the framework, and specific activities associated with program effectiveness are enumerated.

Pugach, M. C., & Johnson, L. J. (1988). **Rethinking the relationship between consultation and collaborative problem-solving.** *Focus on Exceptional Children*, 21(4), 1-8. The purpose of consultation in the prereferral intervention process is to have special education teachers work with general educators to develop specific instructional and management interventions for students with learning and behavior problems. Consultation is a collaborative endeavor meant to share expertise in developing new teaching skills on the part of general educators so that they can become more self-sufficient and less dependent upon support from special education.

A number of problems stem from the common suppositions that general educators need assistance and that expertise belongs only to those trained in special education or school psychology. First, there may be a lack of congruence between suggestions for classroom intervention and general educators' understanding of these interventions. Second, individuals may have difficulty attempting new strategies with which they have had little experience. Third, general educators typically do not receive as much preservice training in consultation as do special educators, underscoring the hierarchy of special educators providing solutions to regular educators. Fourth, special and regular educators may question each others' abilities to prescribe for the student with disabilities in the regular classroom environment. Finally, education of students with handicapping conditions historically has not been a shared process.

Presented are guidelines to insure success when implementing consultation programs: a) planning for consultation must be a joint process involving both regular and special educators; b) the skills of all professionals in a building, not just special educators, must be identified to clarify sources of expertise; c) the language associated with the consultation must reflect that of all school-wide professionals, not just special educators; d) consul-

tation should not be identified simply as a requirement before referrals are made; and e) consultants need the skills to provide facilitative assistance as well as prescriptive advice.

Pugach, M. C., & Johnson, L. J. (in press). **Prereferral intervention: progress, problems and challenges.** *Exceptional Children.* The authors examine the assumptions associated with the prevailing types of prereferral intervention, consultation and informal problem solving teams. They propose alternate assumptions under which to operate such teams for prereferral activities: 1) the prereferral process should be a function of general education; 2) consultation involves multidirectional activities; 3) classroom teachers, given adequate time and structure, have the capacity to solve many of their problems; and 4) problem-solving activities require differing configurations of educators.

Graden, J. L. (in press). **Redefining "prereferral" intervention as intervention assistance: A necessary collaboration between general and special education.** *Exceptional Children.* This response to the article by Pugach and Johnson (in press), above, notes that intervention assistance requires the full participation of all parties — school psychologists and regular and special educators — in implementing integrated and systematic approaches to providing assistance to all students.

Pugach, M. C., & Johnson, L. J. (in press). **The challenge of implementing collaboration between general and special education.** *Exceptional Children.* In response to Graden (in press), above, the authors urge that recognition of the expertise of classroom teachers by special educators and school psychologists be identified as a conscious goal.

Zins, J. E., Graden, J. L., & Ponti, C. R. (1989). **Prereferral intervention to improve special services delivery.** *Special Services in the Schools.*, 4(3/4), 109-130. Prereferral intervention is described as a supplement to the traditional delivery of special education services. This approach offers systematic interventions within the general education classroom when difficulties arise, before referral is made for special education evaluation and placement. The major components of prereferral intervention are highlighted, including reallocation of funds for technical assistance, collaborative consultation and problem solving, an ecological perspective, data-based decision making, and parental involvement. The authors contrast prereferral intervention with traditional methods of service delivery and offer a case study to illustrate delineated procedures. Advantages of the approach and potential barriers are discussed.

QUALITY EDUCATION IMPLEMENTATION MODELS

Quality Education Implementation Models (QuEIMS) are grants awarded to school districts and intermediate units by the Bureau of Special Education, Pennsylvania Department of Education, to implement selected models of instruction that have been demonstrated effective.

Project LINK involves a collaborative consultation system in which regular education and special education personnel share responsibility for the education of at-risk students and students with mild handicaps. Four intermediate units (Berks, Bucks, Carbon Lehigh and Colonial Northamption) are participating. **LINK** teams consist of school district and IU personnel. Membership may vary, but can include directors of pupil personnel, assistant superintendents, principals, guidance counselors, regular classroom teachers, special education teachers, reading specialists, school nurses, school psychologists, and/or special education consultants. **LINK** trains team members in both the science of teaching (technical skills) and the art of teaching (communication skills.) Project RIDE – Responding to Individual Differences in Education (described in the Videocassette section) will become part of the training for teams in 1989-90. **LINK** will provide on-going training in curriculum-based assessment and collaborative consultation.

Contact: Charles Metzger, Chairman, Project LINK, Colonial Northampton Intermediate Unit #20, 299 Industrial Park, Nazareth, PA 18064. 215/759-7600.

The **Student Support Team** Model, referred to as the **Teacher Assistance Team (TAT)** Model by its developers, James Chalfant and Margaret Pysh, provides assistance to regular education teachers who teach mainstreamed students. This system uses day-to-day peer problem-solving groups to communicate about the educational needs of students, analyzing and adopting instruction and working with parents. Teachers requesting assistance are provided with support for individualizing instruction for their students in regular or special education classrooms. Five teams have been selected as demonstration sites.

Contact: Priscilla Enggren, Mid-State Instructional Support Center, 150 South Progress Ave., Harrisburg, PA 17109. 717/657-5840 or (800) 222-7372.

INSTRUCTIONAL MATERIAL

The **Collaboration in the Schools** curriculum provides in-service and preservice training to develop communicative/interactive and problem-solving skills through collaborative consultation and effective teaming. The Instructor's Manual contains materials needed for providing training in 47 collaborative consultation skills. A needs assessment instrument lists skills essential for teachers, support staff, and administrators engaging in collaborative consultation. Areas of the assessment include consultation theory/models; research on consultation theory, training, and practice; personal characteristics; interactive communication; collaborative problem solving; systems change; equity issues and values/belief systems; and evaluation of consultation effectiveness. A Consultation Model Preference Scale consists of 20 statements relating to an individual's consultation with another professional. The Learner's Booklet includes all handout materials and evaluation instruments to measure and record the learner's mastery of skills. A module might include elements such as case studies; journal articles; sample consultation situations; and forms for observation, self-evaluation, note-taking, and devising a plan of action.

A 1/2" videocassette (color, 40 minutes) begins with an explanation of the purpose of the program, the skills to be learned,

continued on page 7

a definition of collaborative consultation, and the problem solving situations in which the skills can be used. The six stages of the collaborative consultation process (goal setting/entry, problem identification, intervention recommendations, implementation of recommendations, evaluation, and redesign) are introduced, the purpose and objectives of each stage explained, and the process modeled by Idol and West.

West, J. F., Idol, L., & Cannon, G. (1989). **Collaboration in the schools: An inservice and preservice curriculum for teachers, support staff, and administrators.** 1 videocassette and 2 notebooks ($279.00). Pro-Ed, 5341 Industrial Oaks Boulevard, Austin, TX 78735. 512/892-3142.

RESEARCH BRIEFS

Teachers' Perceived Control Tied to ConsultationPreference
The impact of modifying teachers' perceptions of control over a presenting problem and the resulting preference for consultation versus referral services was investigated. Elementary school teachers were given a questionnaire with a description of a typical classroom problem involving failure to turn in homework assignments. Half of the teachers received information and case studies indicating that teachers can significantly increase the amount of homework turned in; half received information and case studies noting that homework problems are chronic and difficult to resolve.

Teachers were asked how much the information presented changed their sense of control in resolving the problem. The results support the hypothesis that teachers' preferences for consultation over referral services were related to their perceptions of control over presenting student problems. Teachers who reported they experienced an increased sense of control expressed a preference for consultation over referral services. In contrast, teachers reporting a decreased sense of control expressed a preference for referral services. It should be noted, however, that this study assessed teacher attitudes, not behavior.

Gutkin, T. B., & Hickman, J. A. (1988). **Teachers' perceptions of control over presenting problems and resulting preferences for consultation as referral services**. *Journal of School Psychology*, 26, 395-398.

Preferred Mainstreaming Modifications
One hundred elementary regular education teachers completed a questionnaire designed to determine the types of modifications which facilitate their acceptance of exceptional children into their classrooms. The teachers were provided a randomly assigned vignette of an exceptional child (labeled or unlabeled with cognitive, social/emotional, or learning disability) being considered for full-time placement in their regular education class. They were asked to select the minimal modifications that would persuade them to mainstream the child, and to compare their actual classroom situation to preferred classroom conditions for each modification.

The willingness of regular classroom teachers to accommodate students with mild handicaps appears dependent upon the opportunity to participate in the mainstream decision-making process. When denied the opportunity to voice their suggestions for the modifications they deem necessary for mainstreaming success, regular education teachers overwhelmingly showed opposition to the inclusion of special education students in their classrooms. Most desired modifications included reduced class size, support services and consultation, and the availability of a paraprofessional for at least half of each school day.

Myles, B. S., & Simpson, R. L. (1989). **Regular educators' modification preferences for mainstreaming mildly handicapped children.** *Journal of Special Education*, 22(4), 479-491.

CONTINUING RESEARCH

Project TEAM
Project TEAM was developed by James Chalfant and Candace Bos to demonstrate how the attitudes, knowledge, and instructional and management practices of general education teachers can be modified to make their classrooms more effective learning environments for students with mild handicaps. In the first year, the task demands in a general education classroom and the IEP objectives and learning and behavior problems of students with mild handicaps in these classes were documented through interviews and classroom observations.

The second year introduced the **Teacher Assistance Team (TAT)** Model, a building-based, problem-solving system for generating and supporting modifications in the instructional management practices of general education teachers. A variety of student and teacher measures were administered and team process development data were collected in studying the change process. The current year couples use of the **TAT** with the Reflective Practices Model, designed to foster change in teachers' beliefs, attitudes and practice. Student, teacher and school variables will continue to be measured.

Contact: Margaret Pysh, University of Arizona, Division of Special Education and Rehabiltation, Tucson, AZ 85721. 602/621-3214.

An indepth research report on the first fifteen 1988-89 Central Pennsylvania Teacher Assistance Teams has just been completed by Margaret Pysh and James Chalfant of the University of Arizona. The report will be available for general distribution by January, 1990.

Contact: Priscilla Enggren, Mid-State Instructional Support Center, 150 South Progress Ave., Harrisburg, PA 17109. 717/657-5840 or (800) 222-7372.

VIDEOCASSETTE

School Wide Assistance Teams (SWAT) is a component of **Project RIDE** (Responding to Individual Differences in Education) that has been adapted from the **Teacher Assistance Team** Model of James Chalfant and Margaret Pysh. Developed to help classroom teachers individualize instruction, **SWAT** provides a prereferral screening process and supports teachers in mainstreaming at risk students and students with mild handicaps. Teams consist of three building teachers elected by the faculty. A teacher in need of help completes a Request for Assistance Form and submits it to the team leader, who reviews it with the

team. A Case Manager, selected by the team, meets with the referring teacher to discuss and clarify the problem, and in some instances, observes the child in the classroom. During the 20-to 30-minute problem solving meeting, the problem is reviewed, suggestions for solving the problem are brainstormed, and intervention strategies are selected by the referring teacher. An Action Plan is completed, containing the teacher's long range goals for the student and the strategies that have been selected. After reasonable time for implementation, a follow-up meeting occurs. The referring teacher relates which interventions have been most effective, states team expectations, and notes what will be continued in the classroom to further resolve the problem. If the problem has not been resolved, another team meeting is scheduled, at which an additional member is added to provide a new perspective. All aspects of the team process are modeled throughout the videocassette.

School Wide Assistance Teams. Project RIDE. 24 minutes. $49.95. Additional RIDE components include a computerized bank of 200 proven practices ($495.00), a six-tape video library ($595.00), and an implementation manual ($13.00). Sopris West, P. O. Box 1809, Longmont, CO 80502. 303/651-2829.

PRISE reporter is published by the Pennsylvania Resources and Information Center for Special Education. Marianne Price, Director. PRISE is a project funded by the Pennsylvania Department of Education, Bureau of Special Education, through P.L. 94-142, and is administered, managed, and supervised by Montgomery County Intermediate Unit #23, Erdenheim, Pennsylvania. Dennis Harken, Executive Director.

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PRISE is a service of the Eastern Instructional Support Center of Pennsylvania (EISC).

RESOURCES

Two new periodicals address the topic of consultation; both are associated with the recently formed **Association for Educational and Psychological Consultation (AEPC).**

- First published in spring, 1989, *The Consulting Edge* is a newsletter published twice annually and distributed to all AEPC members (membership fee $20.00). Included are interviews, abstracts of relevant reports, accounts of related developments, book reviews, and an events calendar. Editor: J. Frederick West.

- The *Journal of Educational and Psychological Consultation* is a quarterly journal scheduled for publication by Lawrence Erlbaum in January, 1990. Included will be research studies, case studies, literature reviews, and strategies and guidelines for implementing consultation in the schools. Editor: Howard Margolis. Cost: $18.00 in addition to membership fee, or $36.00 from Lawrence Erlbaum.

Contact: AEPC, 2201 North Lamar, Suite 207, Austin, TX 78705. 512/482-0744.

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PRISE reporter
issues in the education of students with handicaps
vol. 21, no. 2, December 1989

pennsylvania resources and information center for special education 200 Anderson Road, King of Prussia, Pa 19406. 215/265-7321

HOMELESS CHILDREN: EDUCATIONAL STRATEGIES FOR SCHOOL PERSONNEL

Michelle F. Linehan
Massachusetts Department of Education
Quincy, Massachusetts

"Home is where the heart is." But what if you have no home? Where then do you find roots for your heart, mind, spirit and body? Unfortunately, this question faces many families across the United States on this very day. The number of homeless people is growing, with families the sub-group of this population increasing most rapidly. In 1985, homeless families accounted for 1/4 of the homeless population, which increased to 1/3 by 1988; in 1987, the demand for shelter for families in major cities increased by 32% over that of 1986. In Massachusetts, families make up 74% of the homeless population. The majority of these families are headed by a single parent, usually the mother.

In addition to the families on which we are able to gather statistics (those in the shelter system), there are close to 14 million "hidden homeless" according to a study by Rutgers University. These families live doubled-up with friends or relatives in crowded conditions until they are able to find their own housing. Often families who have lost their place of residence go from one friend or relative to another, spending time living with each, until the overcrowded situation becomes too much for all to bear, or the landlord threatens all with eviction; these families then have no choice but to seek help through local shelters and service agencies.

Being homeless puts a tremendous stress on everyone involved: parents, children, friends and relatives. This article will focus on how children are affected by this transitory state, what school personnel can do to alleviate some of the stresses placed on these children, and how the Department of Education in one state, Massachusetts, is preparing school personnel to better serve this population of children in crisis.

Conditions of Homelessness, Effects on Children, Strategies for School Personnel

Any discussion of the effects of homelessness on children should be prefaced with a statement on the resiliency and individuality of children living in shelters or motels. Not all children will be affected in the same way by their experience in a community shelter. They have different levels of resiliency and will therefore react to a period of homelessness in a variety of ways. Also, each child will have a variety of stresses placed on them (e.g., some may have an intact family whose parents are coping well with the situation, others may have a single parent who is fleeing from an abusive situation and is thus in a precarious position). Factors such as length of time homeless, reason for homelessness, outside support systems, age, gender and temperament of the child, and shelter environment all contribute to how a child will react to his/her homeless state. It is important to note, then, that not all homeless children should automatically be classified as delayed in their cognitive, social or emotional development. Many adapt well to the community lifestyle of the shelter and the support they receive during this period. But, unfortunately, this does not hold true for all children who enter the shelter system or find themselves doubled-up with another family or families.

There are so many stresses that can be placed on a family while homeless that it is impossible to list them all in an article such as this. But with the increase in the numbers of homeless families, it is important for school personnel to be aware of some of the conditions that life in a shelter, motel, or doubled-up situation can bring and how they affect children. The tables on the insert list some common conditions homeless children experience and how these stresses can affect a child. Also provided are strategies school personnel can use to support children in their schools living in a homeless situation. Keep in mind that many techniques that will help these children are characteristics of good parenting (e.g., providing structure, supplying appropriate expectations and supervision, setting limits, modeling appropriate behavior, emphasizing incentives and rewards rather than punishments, recognizing achievements, creating an atmosphere in which children are allowed to participate and are expected to be responsible).

Many teachers, especially those who work in an urban setting, will be familiar with many of these suggestions, since homeless children have much in common with domiciled children living in poverty. It is important to remember that, as a teacher or one member of a school staff, you cannot meet all the needs of these children. Do not become overwhelmed as you read the suggested interventions; read them, glean what is valuable and viable for your particular situation and choose a few to implement in your classroom or school. Children under any single stressor are not in a high risk situation, but when two or more stressors occur together the risk can quadruple. Your ability to remove just one stressor from the life of a homeless child can make a big difference!

Some behaviors often exhibited by children in a homeless situation include: acting out, restlessness, aggressive behavior,

This issue of the **Prise reporter** focuses on the education of homeless children. Included are resources on how their conditions affect their educational needs, related legislation, policy, and strategies school personnel can use to support children living in a homeless situation.

increased depression, increased behavioral problems in school, learning problems, regressive behavior (especially in younger children), inattentiveness, hyperactivity, and constantly being tired and anxious. A child living in a shelter is very vulnerable to physical, mental and emotional maladies because the whole experience tends to erode the child's primary protective structure — the family.

Schools can take a lead role in establishing contact with area shelters. Locate the shelters in your district; contact shelter personnel and start a flow of information between your school and the shelters. Schools might sponsor a "personnel exchange day," in which personnel from the shelter shadow a member of the school staff and vice versa. One person in your school could be designated as the contact for shelters and provider agencies; make sure shelters and other agencies know who this person is and how to contact him/her.

Increased knowledge of how children are affected by the condition of being homeless can help school personnel implement strategies that support these children and alleviate some of the stresses placed on them. School personnel who can ameliorate the effect of just one of the stressors noted above, through these strategies, can make a significant difference in the lives of these children.

Special thanks are extended to Dr. Jean Ciborowski, of Boston Children's Hospital, and Dr. Newton Metfessel, University of Southern California, for the information they contributed to this article.

Michelle Linehan is Coordinator of the Office for the Education of Homeless Children and Youth for the Commonwealth of Massachusetts. She works with local education agencies and the Massachusetts Department of Education to ensure that homeless children receive appropriate educational services.

CURRENT CITATIONS

Bowen, J. M., Purrington, G. S., Layton, D. H., & O'Brien, K. (1989, March). **Educating homeless children and youth: A policy analysis.** A symposium paper presented at the annual meeting of the American Educational Research Association, San Francisco, CA. Available from Diane Remmers, Resource Manager, New York State School Boards Association, 119 Washington Avenue, Albany, NY 12210; 518/465-3474

This paper addresses trends of homelessness and the difficulties encountered in educating homeless children, provides an analysis of proposed state plans and policies, and offers recommendations to assist in forming state policies and practice. All state education agencies receiving funds under the Stewart B. McKinney Homeless Assistance Act of 1987 were required to file final reports by the end of 1988. Reports included 1) numbers of homeless children and youth by school level, 2) statistics on how they are housed, 3) numbers not attending school and why, 4) special educational needs, and 5) difficulties encountered in identifying needs. Such difficulties concern residency requirements, lack of transportation, transfer of immunization and academic records, special education requirements involving continuity of attendance, and guardianship requirements.

It is recommended that state policymakers improve identification, monitoring, and data collection procedures, remove legal or bureaucratic requirements that short circuit education, and improve coordination and collaboration at the local, state and federal levels.

Kozol, J. (1988). **Rachel and her children: Homeless families in America.** New York: Fawcett Columbine. Crown Books, P.O. Box 117, Knob Noster, MO 65336, 261 pp. $17.95. Through personal interviews and firsthand accounts of homelessness in New York City, Kozol addresses why so many are homeless, what has driven them to the streets, the costs of homelessness, the nature of services provided, and what hope the homeless have to reconstruct their former lives. He focuses on the physical, emotional, and educational deficits suffered by the children in homeless families who experience a loss of innocence at a very early age and often react to their surroundings with intense anger. This anger can be turned inward and result in depression or failure to thrive, or be vented upon society in the streets or the hallways of their public schools. Kozol emphasizes that the far-reaching repercussions of half a million homeless children are yet to be seen.

RESEARCH BRIEFS

Bassuk, E. L., & Gallagher, E. M. (in press). **The impact of homelessness on children.** *Child and Youth Services.*

This study describes the effects of homelessness on the emotional needs of children based on a 1985 Massachusetts study of 80 homeless families. The sample included 151 children, ranging in age from 6 weeks to 18 years, in 14 of the 21 family shelters statewide. Approximately two-thirds were five years or younger. Based on the Denver Developmental Screening Test, nearly one-third of the preschoolers demonstrated at least two developmental lags in language development, fine motor coordination, gross motor skills, and/or personal/social development. Severe anxiety and depression were found among school-aged children; based on the Children's Depression Inventory, more than half required psychiatric evaluation. School attendance was irregular, due primarily to inadequate transportation and the fact that shelters were located far from the schools. Nearly 50% of the children were failing or doing below average work in school. They often displayed maladaptive behaviors and regressed to earlier developmental levels. Many manifested sleeping and eating disorders, while others became introverted and withdrawn. Some sought adult attention and became aggressive or non-compliant.

Programming recommendations include a playroom staffed by knowledgeable personnel, which would give mothers a respite from constant child care and provide opportunities for the children to engage in age-appropriate behaviors. The importance of such services as infant stimulation, therapeutic day care, Head Start, better transportation, and special after-school programs was stressed.

Bassuk, E. L., & Rosenberg, L. (in press). Psychosocial characteristics of homeless and housed children. *Pediatrics.*

This study compared 86 children from 49 homeless female-headed families with 134 children from 81 housed female-head families in Boston. In both cases the mothers were poor, currently single, and had been on welfare for long periods. Data

Conditions Experienced by Homeless Children and Related Intervention Strategies

Michelle F. Linehan

Condition	Effect on Children
Constantly moving	Rootlessness; no sense of their space or possessions; see life as temporary; leave projects half-finished; cling to possessions; restless; aggressive behavior as they try to claim something for themselves; feel loss of control in other areas of their lives so they will literally fight for control at school; frustration; difficulty with transitions; poor attention span.

Intervention Strategies:

*Give the children something that belongs only to them (e.g., care of a plant, ball, game) – others must ask their permission to play or work with this possession.

*Don't take away their possessions (e.g., hat, toy car, etc.) as a disciplinary measure.

*Break tasks down into small segments that can be successfully completed in a short period of time; keep a checklist of completed work; contract with students to finish projects and assignments. The experience of mastery and achievement is critical to their self-esteem.

*To counter the loss of control they may feel in their lives as a whole, give them classroom jobs (monitor, team captain, etc.); give them choices when appropriate (e.g., choose to do math or reading now, do this paper now or after the science period). Teach them to act responsibly in the classroom and expect responsible behavior from them (e.g., you are responsible for your books, keeping cubby clean).

*Teach them alternative ways to express frustration (e.g., talk to someone or into a tape recorder, take a voluntary "time out" and remove yourself from the situation to work on an art project).

*Include defined transition procedures as you move from one activity to the next ("We have 10 minutes left in this math period."). Provide closure for the child if you know in advance that they are leaving the school. Give them time to clean out their cubby or locker and say good-bye to friends and school staff; give them a copy of their transfer card and IEP (if they have one) when they leave.

Condition	Effect on Children
Frequent change of schools	No structure in their lives; lack of continuity; unwilling to risk forming deep friendships; use withdrawal and introversion as a defense; depression over leaving familiar places and friends; may fall behind academically as they miss school days, change curricula and teachers; may be placed inappropriately because of lack of school records.

Intervention Strategies

*Provide structure in the classroom by keeping a consistent daily schedule and clear concise rules, posted so that they are visible at all times. Let the children know if you are planning to have a substitute the following day.

*Assign children a "buddy" to help them learn their way around the school. Involve them in cooperative learning activities.

*To quickly integrate the children into the appropriate classroom, have a set of quickly-administered assessment tools available for use in placing the children if their records have not arrived.

*Ensure that the children have access to all educational services for which they might be eligible, including Chapter 1 and bilingual programs.

Condition	Effect on Children
Overcrowded conditions; one-room living situations; children all in one room; lack of private space; limited space for physical activities	Withdrawal or aggressive behavior; unable to do homework because of noisy environment and adults and lack of physical space; behind academically; unable to get enough sleep; constantly tired and listless; learn to tune others out; hyperactivity and delays in gross motor development.

Intervention Strategies:

*Be aware that these children may listen and attend to important information with some difficulty. Use various modalities for presenting important information (e.g., say it, write it on chalkboard, have children repeat it).

*Provide a portable lap desk (sturdy box to take their work home in and to use as a writing surface).

*Arrange assignments so that they can keep up without having to take things home; keep work in the classroom that would have otherwise been sent home.

*Don't use the children's recess or PE times as a make-up or detention period; they may not have space in the motel or shelter to run, jump and play.

chart continued over

Homeless Chart *continued*

Condition	Effect on Children
Lack of access to basic resources	Clothing: Reluctance to attend school because they view their clothes as sub-standard; may be stigmatized by peers; low self-esteem; Refrigeration/cooking facilities: Parents have to purchase food daily, which is expensive – means less food can be purchased, putting children at nutritional risk; gastroenteritis (due to ingestion of harmful bacteria from unclean eating utensils); uncontrollable diarrhea; anemia; general weakened condition making child more vulnerable to upper respiratory infections, asthma, ear infections which may lead to delayed language development; Transportation: Inability to keep medical appointments; lack of medical and pre-natal care; may take 2-3 buses to get to school; parents living outside district boundaries may be stretching to the limit to get children to original school to ensure continuity of instruction, therefore children may arrive late, missing school breakfast program.

Intervention Strategies:

*Keep the child's living situation confidential; bolster self-esteem by providing an opportunity to pursue non-academic activities at which he/she can succeed; determine strengths and build on these. Keep clean, pressed clothes available to give to the children (in a subtle manner) as needed.

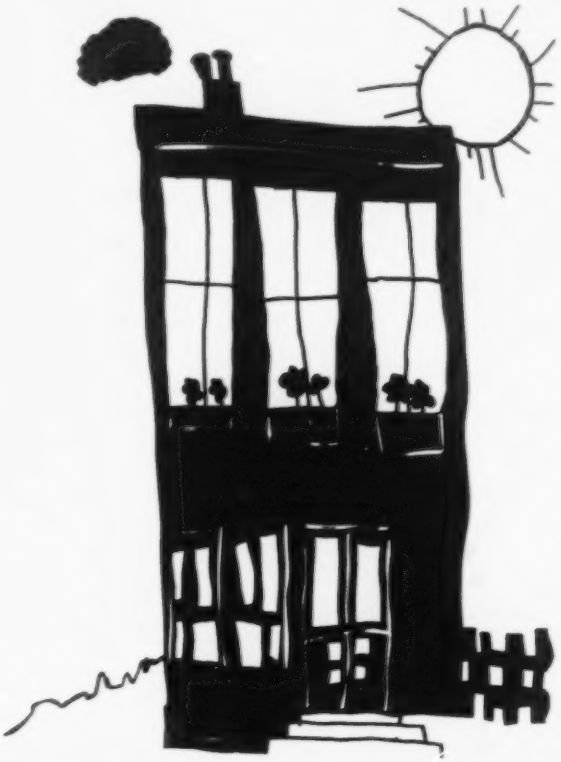
*Make sure the children and their parents are aware of free lunch and breakfast programs offered by your school. Help them sign up, without publicly asking for a show of hands of those needing free lunch. Keep a few nutritious snacks available for those children who miss breakfast.

*Don't penalize the children for being late; arrange the first period so that they will not miss key learning material if they arrive late. Ensure that they can participate in field trips and school-wide activities if they do not have transportation or necessary fees.

*Keep in mind that parents may not be able to afford or do not have the facilities to make treats for their child's school birthday party; if you celebrate birthdays in your classroom with treats, look for alternative ways to provide goodies for this child's party.

Homelessness is a condition in which individuals and families have no residence, owned, leased or shared in which they can live safely, healthfully and legally both night and day and in which they can meet their social and basic needs in privacy and with dignity.

From Coalition on Homelessness in Pennsylvania and Institute for Public Policy Studies, Temple University Report on Preliminary Findings, June 1988 "How Can This Be? Homelessness in Pennsylvania 1988"



"Every American child needs a place to call home"
Children's Defense Fund

Commonwealth of Pennsylvania
Robert P. Casey, Governor

Department of Education
Donald M. Carroll, Jr.
Secretary

Office of Education for
Homeless Children and Youth
Commonwealth of Pennsylvania
Department of Education
333 Market Street
Harrisburg, PA 17126-0333

Contact 717-787-7133

were collected from the mothers by personal interviews and through standardized tests administered to mothers and children.

Among preschool children, a higher proportion of homeless than poor housed children had one or more developmental delays. Among school-aged children, scores of homeless children were lower than housed children on the Children's Depression Inventory, Childrens' Manifest Anxiety Scale and the Child Behavior Checklist, although only the difference on the Anxiety Scale approached statistical significance. The study highlights the pervasive problems of homeless children and indicates that low-income housed children also may have pressing problems.

Rafferty, Y., & Rollins, N. (1989). **Learning in limbo: The educational deprivation of homeless children**. Advocates for Children of New York, 24-16 Bridge Plaza South, Long Island City, New York 11101. 110 pp. $8.00

This report relies on three data sources—a review of current research on homeless families, field-based interviews with 277 families living in New York City's hotels and shelters, and an analysis of statistical data on 9,659 children in temporary housing collected by the New York City Board of Education. An executive summary of findings is followed by recommendations concerning housing issues, educational issues for homeless students, and educational issues for relocating students.

The effects of homelessness on children are reviewed in five categories—hunger and/or poor nutrition, poor health and/or inadequate health care, developmental delays, psychological stress, and barriers to educational services. Barriers confronting homeless children in obtaining a free public education are discussed, along with New York City's regulations to remove those barriers, the impact of the McKinney Act, and research on the education of homeless children.

Reported are the results of a study designed to determine whether and how a homeless existence affects the education of children. School performance, attendance, and other indices of school success of 9,659 children in temporary housing were compared with permanently housed peers. A field-based interview of 277 families living in 15 temporary shelters and hotels in New York City addressed family demographics, prior living arrangements, events leading to requests for emergency shelter, experiences with the shelter system, and educational experiences of school-age children.

Of the 390 homeless students in school, 76% were in elementary school, 17% in middle/junior high school, and 5% in high school. Seventy-one percent were attending school near their temporary housing, while 24% attended their former school. Many parents were unaware of income maintenance provisions for carfare allowance to escort their children to and from school. Homelessness had a dramatic effect on the number of schools attended by a child, with 56% of those children homeless for one to two years transferring schools between two and six times. More temporarily housed children scored below grade level in reading and mathematics and had greater absenteeism than a comparison group of all New York City students; similarly, more temporarily housed children were repeating their present grade than were regular education students.

RESOURCES

Jackson, S. (1988) **Materials on the education of homeless children. Updated.** Cambridge, MA: Harvard University, Center for Law and Education. 402 pp. (ERIC Document Reproduction Service No. ED 300513)

This document details the difficulty homeless children have enrolling and/or continuing in school, often for residence technicalities, lack of adequate transportation, or proper health records. A survey shows that education officials often are unaware of the homeless school-aged children in their districts.

Described is the Stewart B. McKinney Homeless Assistance Act, an omnibus act guaranteeing the homeless equal access to education. Included are the education provisions, text, conference committee report, Senate and House floor statements, implementing regulations, and suggestions for non-regulatory guidelines. Also provided are a list of state grant allocations, compilation of state school residency laws, New York City Board of Education regulations and guidelines for homeless students, and New York State Department of Education regulations for the education of homeless children. Recent cases decided and cases pending in the courts are discussed.

Education of Homeless Children and Youth Program. (1989). **Statewide resource directory: Services for homeless families, children and youth in Pennsylvania**. Education of Homeless Children and Youth Program, Pennsylvania Department of Education, 333 Market Street, 5th Floor, Harrisburg, PA 17126, 717/787-4605.

This directory, organized by county, contains contact and referral information for temporary shelter, housing assistance, and supportive services currently available to homeless students and their families in Pennsylvania. These services include primary health care services, domestic violence services, runaway services, and temporary family shelters. Also listed are community action agencies, the state Department of Public Welfare Housing Assistance Program, Case Management Program, Bridge Housing Program, Emergency Shelter Program, and the Child and Adolescent Service System Program.

LEGISLATION

The **Stewart B. McKinney Homeless Assistance Act, Public Law 100-77** became effective July 22, 1987. It defines "homeless" or a "homeless individual" as one who 1) lacks a fixed, regular, adequate night time residence or 2) has a primary night time residence in a supervised publicly or privately operated shelter for temporary accommodation.

Title VII B of the Act seeks to ensure that homeless children and youth have access to a free appropriate public education on an equal basis with other children. The law states that "the local educational agency of each homeless child or youth shall either continue the child's or youth's education in the school district of origin for the remainder of the school year or enroll the child or youth in the school district where the child or youth is actually living, whichever is in the child's best interest or the youth's best interest."

Therefore, children in temporary shelters and children who "lack a fixed, regular, adequate night time residence" are entitled to free school privileges from either the school district in which their person or the shelter is located or in the school district in which the child would otherwise reside, if not for the need for temporary shelter.

If a difference of opinion arises regarding school assignments, a review procedure can be initiated through the Division of Advisory Services, Bureau of Basic Education Support Services, PA Department of Education, 333 Market Street, Harrisburg, PA 17126-0333. 717/783-3750.

Office of Education for Homeless Children and Youth. (1989). **Pennsylvania Homeless Student Plan, 1988-1990**. Education of Homeless Children and Youth Program, Department of Education, 333 Market Street, Harrisburg, Pennsylvania 17126

The **Pennsylvania Homeless Student Plan** outlines a program for meeting the educational needs of homeless students throughout the Commonwealth. The purpose of the plan is to 1) inform local school districts of their responsibilities for the education of school aged children as mandated by the Stewart B. McKinney Act, 2) provide policies that will bring the state into compliance with the law, and 3) outline specific local, regional and statewide activities employed to assure homeless students equal access to quality education.

The plan contains a statement of problems in the education of homeless children and youth, a definition of homelessness from the McKinney Act, a discussion of educational barriers for Pennsylvania homeless students, goals and objectives, administration and evaluation procedures, and future Department tasks and timelines. Appendix B explains the fiscal responsibilities of the educating districts.

RESOURCE

Pennsylvania's Homeless Student Initiative: A Series of Models for Effective Coordination Between Schools and Shelters. Education of Homeless Children & Youth, PA Department of Education, 333 Market Street, Harrisburg, Pennsylvania 17126 717/787-4605

This document details five approaches to effective coordination between schools and shelters, developed under research grants from the Pennsylvania Office of Education for Homeless Children and Youth. The models were developed by a large urban school district, a medium sized urban district, a suburban county, and rural counties. Each model presents unique solutions to common problems in dealing with homeless students. Concrete suggestions for teachers and administrators, as well as copies of school-shelter communications and news bulletins, are provided.

PRISE reporter is published by the Pennsylvania Resources and Information Center for Special Education, Marianne Price, Director. PRISE is a project funded by the Pennsylvania Department of Education, Bureau of Special Education, through P.L. 94-142, and is administered, managed, and supervised by Montgomery County Intermediate Unit #23, Erdenheim, Pennsylvania, Dennis Harken, Executive Director.

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PRISE is a service of the Eastern Instructional Support Center of Pennsylvania (E-ISC).

PRISE reporter

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PASE reporter
issues in the education of students with handicaps
vol. 21, no. 3, March 1990

pennsylvania resources and information center for special education 200 Anderson Road, King of Prussia, Pa 19406. 215/265-7321

CURRICULUM AND AT-RISK LEARNERS: COHERENCE OR FRAGMENTATION?

Richard L. Allington, Ph.D
State University of New York at Albany

Michael was not finding learning to read easy. He was measurably behind his classmates in his mastery of the classroom meaning-emphasis basal reader and seemed to be steadily losing ground. In an attempt to help Michael, his school sent him down the hall each day for help with reading. Once there, Michael was presented with a second reading program, a code-emphasis series. Now Michael had two sets of words to learn each day, two sets of decoding skills, two sets of worksheets, two sets of comprehension strategies, and two sets of stories of different genres and on different topics. Because Michael was scheduled down the hall during part of his classroom reading period, he now had less time and twice the curriculum load of his classmates who were not having difficulty. Because Michael had two reading programs built from different assumptions about how children learn to read, he was confronted with conflicting sets of skills and strategies. Because Michael was immersed in curriculum fragmentation, his confusion about the reading process increased and he floundered. Unfortunately, the source of Michael's confusion was identified as Michael himself (though some suggested it was more the result of his home environment). No one questioned whether Michael was receiving sufficient instruction. No one seemed to notice the fragmented curriculum plan. No one asked if the school's response could be the source of Michael's difficulties.

In order to optimize learning, some children need access to larger amounts of higher quality instruction than others. There is good evidence that the reading acquisition of many types of at-risk children can be accelerated if they are provided with more and better instruction than is given their peers who seem to acquire reading rather easily. One aspect of better instruction is a coherent curriculum plan.

Curriculum can be understood as an array of interrelated instructional activities that facilitate the acquisition of complex skills, strategies, and knowledge. A coherent curriculum plan provides learners with sets of activities that link together in any number of ways and foster learning. For reading/language arts curriculum, this would entail developing a plan in which, for instance, word study activities across a week would be interrelated. In other words, decoding lessons would link to spelling words, spelling words would be linked to composing activities, composing would link to reading activities (via topic or genre), and the reading activities would offer much opportunity to apply the decoding strategies learned, and so on. Likewise, comprehension strategies would link to composing activities (via text structure or topic), which would link to the application of these strategies in text reading, and so on.

In contrast, one might create a fragmented curriculum plan for reading/language arts. In this case learners would be exposed to an array of activities that did not link to each other: for instance, decoding activities not related to spelling activities, vocabulary study offering no link to decoding or spelling activities, spelling words not used in composing tasks, or comprehension skills sheets not linked to writing and not applied during text reading. One could foster even more fragmentation by offering multiple sets of decoding activities across a week that were unrelated to each other and not linked to real reading or writing tasks. In cases where either sort of fragmentation occurs, learning to be literate becomes more difficult.

The design of remedial and special education

Over the past ten years we have studied the curriculum that at-risk children confront. Unfortunately, children who participate in remedial and special education programs, who would seem to benefit most from a coherent curriculum plan, more often are confronted with a fragmented reading curriculum than those who remain in the regular classroom. We have argued that children who find learning to read difficult are the very learners who most benefit from a coherent curriculum plan and who can least tolerate fragmentation. While many classroom reading/language arts curricula fail our coherence analysis, it is participation in remedial and special education programs that exacerbates fragmentation of the sort that confronted and stymied Michael.

There seem to be several factors involved in the creation of fragmented curriculum plans. A school district influence can be observed in several forms. In some districts the use of alternative curriculum in remedial or special education is mandated. In other words, the district has what we have termed "planned fragmentation" between the regular education program and the various instructional support programs (e.g., Chapter 1, resource room for the mildly handicapped, migrant education, etc.). In these districts we typically find little "shared knowledge" between the professional staffs of regular, remedial, and special education programs. The directors of these programs rarely have much knowledge of the curriculum plans of other programs. In these

This issue focuses on curricular coordination between general and special education programs and on coordination among curricula. It includes information on prevailing practices in reading instruction, curriculum bias in testing, and recommendations for selection and adaptations of basal readers.

districts professional staffs rarely plan or work collaboratively; the left hand rarely knows what the right is doing.

When the left hand is unaware of what the right is doing, there is little reason to suspect that both hands are working together in any coordinated sense. In such situations curriculum fragmentation is the order of the day for at-risk children. When specialist teachers are not aware of the classroom lessons and tasks, they simply cannot provide coherent instruction that meets the standards of quality necessary to optimize learning. When classroom teachers have no idea of what children in their rooms are doing down the hall each day, they cannot provide instruction that meets the quality standards necessary.

The redesign of remedial and special education

Ideally, remedial and special education programs would build upon, extend, reinforce, and balance the classroom lessons. Such coherent instruction fosters accelerated progress in the classroom curriculum-- accelerating learning so that the child narrows the gap between himself and his classmates. However, most school districts perpetuate curriculum fragmentation, through their "planned fragmentation" or by neglecting to develop a curriculum plan linking the instruction offered in different programs. Ideally, school districts would create coherent curriculum plans for all children, but with special attention to the coherence of the curricular experiences of at-risk children and careful consideration of children served by both classroom and specialist teachers. Such plans identify the reading/language arts curriculum from which all children will work, create opportunities for the development of "shared knowledge" among all professional staff, and foster a collaborative planning and teaching environment. For instance, the IEP for a mainstreamed child would be collaboratively developed by the classroom and specialist teachers who serve the child. The IEP would be focused on accelerating progress through the core curriculum with anticipated roles for each teacher noted.

In the absence of an ideal district plan there are several things classroom and specialist teachers can do. As a first step the specialist teacher can simply become more aware of the current classroom instructional program and materials. In the case of reading/language arts instruction, often a basal reading series and a spelling book define many of the curriculum tasks the child confronts in the classroom. In such cases, an initial step is simply to review those materials and the child's current placement. The objective is not to simply replicate classroom instruction, but to heighten awareness of the nature of the curriculum tasks assigned the child. With this awareness, the specialist teacher can begin to consider how to link the instruction offered down the hall with that of the classroom.

Many at-risk children need increased opportunities to actually read and write — opportunities to apply the skills and strategies that were the focus of classroom instruction. These children are the ones that seem least likely to transfer skills and strategies from isolated drill and practice activities to real reading and writing situations. Too often they have limited opportunities to actually read and write in the classroom reading/language arts period (they spend more time on skill work). At other times, they need personal review of a strategy lesson to clarify some aspect that was unclear after classroom coverage. In either case, the specialist teacher cannot provide such instructional opportunities while remaining unaware of the classroom curriculum, lessons, and performance.

A workable plan

Attempting too much in too short a time leads to frustration. Thus, we have developed a strategy that begins movement in the directions sketched above. This strategy can be applied by either classroom or specialist teachers (although the example below is for the latter).

Year 1

Find one classroom teacher to collaborate with in planning and delivering instructional support. Begin with an interested colleague, and work on your collaboration skills. Spend the year familiarizing yourself with the regular education curriculum, particularly the one for that classroom and grade level. Suggest observing children you serve in the regular classroom and suggest that the classroom teacher observe you (ideally while you work with the child from her room). Review the current IEP with the classroom teacher with an eye toward integrating classroom curriculum into your plans. Plan to meet for 5 minutes twice a week with the classroom teacher (Monday and Friday) to establish and review a plan for the week.

Year 2

Add two more teachers, one at the same grade level as the teacher from year 1 and one at a different grade level. Continue working with the original collaborator, although you should expect that it will take less time this year. The other teacher at the same grade level presents fewer problems because you already have a handle on the classroom curriculum for that grade. For the teacher at the new grade level, you will have to study that curriculum and learn the classroom demands for that grade level. Many specialist teachers add another teacher or two later in the year, usually at the same grade levels as the others they work with.

Year 3

Add another grade level in the Fall and another in the Spring, but just one teacher for each. As you become more familiar with the regular education curriculum plan and materials, it will take substantially less time to develop a strong working familiarity with that curriculum on other grade levels. As you become more skilled at collaboration, it will also take less time to cooperatively plan instruction. Near the end of this year invite all the other classroom teachers with whose children you work to collaborate. If more than half are willing, consider your efforts a success.

Conclusion

Collaboration leads to coordination of instruction, which results in coherent curriculum experiences. Children who find learning to read difficult need more and better instruction than others, and they benefit from instruction that follows a coherent curriculum. In order to fulfill the potential of remedial and special education we must redesign the traditions that emerged in both cases — traditions that fostered the curriculum fragmentation observed today. We must have the right and left hands working together so that the Michaels of this world can fulfill their potential.

Dr. Allington earned his Ph.D. in Elementary and Special Education at Michigan State University, and is Professor of Education and Chair, Department of Reading, SUNY at Albany. He recently conducted a federally funded study of literacy instruction offered to learning disabled students with an emphasis on coordination of instruction in mainstream and resource classrooms.

[Editor's Note: Provided on page 3 is a sample format for one week of coordinated lessons between classroom and remedial instruction, developed by PRISE. The activities include a variety of possible techniques and are only a few examples of ones that can be used for any given week; specifics will vary with student skill levels, scheduling considerations, and nature of passages to be taught (e.g., narrative vs. expository text). Each activity may require more classroom time than has been allocated, depending upon conditions in that classroom, and any given classroom might require fewer activities.

We encourage teachers to share completed planning sheets for various basal reading levels, to help vary the types of activities used in their classrooms.]

SAMPLE CURRICULAR COORDINATION PLANNING SHEET*

Student Name: Michael **Classroom Teacher:** Ms. Jones **Specialist Teacher:** Ms. Smith

Grade: 4 **Lesson:** Wolves, pp. 35-38

	Classroom Program	Special Program
Friday Nov. 3	Finish lesson on previous unit	**Background knowledge:**[1] pre-reading mapping activity, e.g., teacher identifies categories such as wolf habitats, physical characteristics, food; in group activity, students identify category elements **Vocabulary**: from previous activity, students predict key words to be found in passage; teacher adds other words not on classroom teacher's list[2]
Monday Nov. 6	**Background knowledge:** brainstorming re students' knowledge of wolves **Vocabulary:** teacher introduces new words Students silently **read** first section of story; read same section orally in round robin format Oral **comprehension** questions after each page **Seatwork:** answer workbook questions	Review **advance organizers** in passage, e.g., headings, italics, captions, to predict what passage will be about Teacher asks inferential **comprehension** questions not provided in basal, i.e., questions that require students to put together ideas, not just recall facts **Writing:** pre-writing skill activity on outlining; teacher develops outline for essay she will write on wolves; verbalizes thinking behind each step as a means of modeling the process of outlining
Tuesday Nov. 7	**Vocabulary:** locate new words in dictionary; write sentences using each word **Read** next section silently, then orally answer questions **Seatwork**: complete workbook comprehension questions	**Comprehension:** after reading passage in classroom, students check pre-reading map for accuracy as group activity **Writing:** students develop outlines for essays they will write on wolves
Wednesday Nov. 8	**Mini-lesson** on plurals **Reinforcement** worksheet on plurals completed in large group **Writing:** students individually write/illustrate a paragraph on wolves	**Comprehension:** teacher provides three versions of retellings of passage on wolves; in pairs, students select and justify best version **Writing:** students draft individual essays on wolves; teacher models process by writing own essay
Thursday Nov. 9	**Vocabulary:** test Begin new lesson on *bald eagles*; repeat format as in Monday	**Writing:** teacher guides peer editing **Mini-lesson** on compare/contrast structure; students develop pre-reading semantic map for *bald eagles* using categories from Friday[3]

*Adapted by PRISE from a form developed by Mary C. Shake, University of Kentucky, Lexington

[1]The specialist teacher (e.g., Chapter I or special education teacher) should obtain a copy of the passage and key vocabulary words from the classroom teacher a day or two in advance.

[2]The specialist teacher shares with the classroom teacher the vocabulary list that she and the students have generated.

[3]Subsequent remedial class lessons could include a discussion of the structure of expository passages, the development of a comparison/contrast map as a pre-writing activity, and a mini-lesson on transitional phrases (e.g., "on the one hand," "similarly," "in contrast").

CURRENT CITATIONS

Allington, R. L., & Johnston, P. (1989). **Coordination, collaboration, and consistency: The redesign of compensatory and special education interventions.** In R. E. Slavin, N. L. Karweit, N. A. Madden (Eds.), *Effective programs for students at risk* (pp. 320-354). Allyn and Bacon, 200 Old Tappan Road, Old Tappan, NJ 07685, 800/223-1360. $32.95

Evidence suggests that many at-risk learners do not have access to instructional settings offering high-quality instruction within a consistent curriculum. Rather, those who need the most carefully organized instruction receive an incoherent mixture of curricular approaches.

This chapter focuses on the importance of coordinating extra-instructional support programs for at-risk learners. This coordination involves collaboration between regular education and instructional support personnel, a crucial step toward curricular consistency. While such combined efforts are not easily achieved, suggestions for encouraging curricular coordination are offered: (1) cooperatively develop curricula with explicit rationales, (2) capitalize on teacher training and teacher inservice development, (3) allocate sufficient time for regular conferencing between teachers, (4) observe at-risk student performance in various instructional settings, and (5) maintain continuous process records of childrens' development.

Walp, T. P., & Walmsley, S. A. (1989). **Instructional and philosophical congruence: Neglected aspects of coordination.** *Reading Teacher, 42* (5), 364-368.

Efforts to make remedial and regular education more congruent by legislators, federal and state education agencies and educators usually stop at procedural congruence (e.g., reports by Chapter I personnel of routines used for coordination with regular classroom teachers), when the problem is considered solved. But procedural congruence may be viewed as a first step toward

instructional congruence (the ways in which content and delivery of instruction are related between remedial and regular programs) and philosophical congruence (the underlying assumptions in both settings).

A number of issues are posed for discussion by regular and compensatory teachers concerning congruence in instruction—e.g., timing and presentation of classroom material (before or after introduction in the regular classroom), use of same or different materials in both settings, and congruence in philosophy (e.g., relative emphasis on decoding vs. comprehension). Remedial and classroom teachers are urged to use mutual planning time to discuss such issues, beginning with sharing knowledge and moving to an examination of research about the practices in both settings.

Dole, J. A., & Osborn, J. (1989). **Reading materials: Their selection and use** (Technical Report No. 427). Center for the Study of Reading, University of Illinois at Urbana-Champaign, 51 Gentry Drive, Champaign, IL 61820. 16 pp. $3.00

This paper provides administrators and supervisors of reading programs with information to help them evaluate and select commercially-developed reading materials. Part I describes problems observed by researchers studying the adoption of basal reading programs and provides suggestions for the improvement of the adoption process, based on research and experience. The importance of using other reading materials is also discussed. Part I concludes with a review of materials used to teach reading in many middle and high schools. Part II contains an overview of research on how teachers use reading materials in their classroom and concludes with a section stressing the importance of teacher decision making and staff development to better understand the use of new and other materials. The paper concludes with a set of guidelines for the selection and use of materials.

Goodman, K. S., Shannon, P., Freeman, Y. & Murphy, S. (1988). **Report card on basal readers.** Richard C. Owen, Publishers, 135 Katonah Avenue, Katonah, N. Y. 10536. 167 pp. $7.50.

This report, initiated by the Commission on Reading of the National Council of Teachers of English, examines the nature, history, economics, and use of modern basal reading programs. Discussed is the central premise of basal reading materials—that a sequential all-inclusive set of instructional materials can teach children to read, regardless of teacher competence and learner differences. Considered are the opinions of reading experts, teachers and researchers concerning basal readers, as well as the influence of state intervention, district administrative policy, and publishers' marketing strategies. Issues discussed involve the making and marketing of basals, including the initial plan to produce a new series; roles of the publishers, authors and editors; the finalizing of the plan; selection of content; art and physical aspects; and cost factors.

The report criticizes reliance on the viewpoint of reading instruction that breaks down reading into sequenceable components that can be controlled and explicitly taught. Reviewed are the use of controlled vocabulary, scope and sequence, along with the fracturing and narrowing of language, with an emphasis on word focus, controlled learning and teaching, and reliance on basal tests.

The final section covers alternatives to traditional use of basals. Teachers can choose not to use them, schools can purchase children's literature in their place, staff development and administrative support can be provided to develop alternatives, and school and district policies can be refocused. Reading instruction in Canada, New Zealand, England and Australia are discussed, as well as supplementary American programs as alternatives. Twenty-eight recommendations for change are listed for teachers, administrators, teacher educators, professional associations, researchers, authors, editors, publishers, and policy makers. Finally, seven recommendations for immediate implementation are listed.

See also the Commission on Reading's Position Statement **Report on Basal Readers**; one copy free on request with an enclosed self-addressed, stamped envelope from the National Council of Teachers of English, 1111 Kenyon Road, Urbana, IL 61801.

Shannon, P., & Goodman, K. S. (Eds.). 1989. **Perspectives on basal readers** [Entire issue]. *Theory Into Practice, 28*(4), 234-306.

This collection of articles includes both the perspective that basal readers are a necessary part of reading instruction and that basals are an obstacle to learning to read because of an emphasis on isolated skills, rather than real applications of reading and writing. Written from the perspectives of researchers, teachers, publishers, students, and theoreticians, these articles address such issues as state level adoption of basal readers, children's understandings of basal readers, basal-free classrooms, and political and economic influences on textbook publishing.

Tyson-Bernstein, H. (1988). **A conspiracy of good intentions: America's textbook fiasco.** Washington, DC: Council for Basic Education, 725 15th St. NW, Washington, DC 20005, 202/347-4171. 113pp. $10.00 plus $3.00 postage/handling.

This text provides an analysis of the political process by which textbooks are written, published, adopted, and bought. Those responsible for making adoption decisions often determine only the presence of the large amounts of material required by some states, not the depth or clarity of that material. Texts are viewed as collections of isolated names, dates, charts, and terms, often with choppy, stilted, monotonous writing and no theme. Recommendations are provided for national academic organizations, teacher unions, publishers, and policymakers in both adoption and non-adoption states, to encourage use of texts that teach skills closely related to the content of stories, that use topics and facts to support an overall theme, and contain questions and exercises that encourage students to think rather than locate trivial details. Also provided are a fictionalized account of the process of publication and adoption and a model of a successful program. Note: An executive summary of this book is available in the periodical *Basic Education, 32* (8), 1-14.

Winograd, P. N., Wixson, K. K., & Lipson, N. Y. (Eds.). (1989). **Improving basal reading instruction.** Teachers College Press, P.O. Box 939, Wolfeboro, NH 03894, 800/356-0409. 320 pp. $19.95 paper, $39.95 cloth.

Intended for use with inservice teacher programs and as a supplementary text in undergraduate and graduate level courses in reading methods, this text reviews 10 to 15 years of research on basal reading instruction. Containing essays by 10 well-known researchers in reading instruction, it provides teachers with guidelines for integrating basals into a balanced and effective program. Part I focuses on teaching the basal reader

selection, grouping and pacing, and integrating seatwork activities with the basal lesson. Part II considers evaluating students and individualizing instruction within a basal program. Part III examines ways to integrate and expand basal instruction in beginning reading, children's literature, writing, and content-area reading. A summary includes a set of procedures for use in reducing the array of basal programs for review to a manageable number.

RESEARCH BRIEFS

Allington, R. L., McGill-Franzen, A. (1989). **School response to reading failure: Instruction for Chapter I and special education students in grades two, four and eight.** *The Elementary School Journal, 89* (5), 529-542.

When 64 students in grades 2, 4 and 8 were observed, students identified as disadvantaged participating in Chapter I were found to receive significantly more reading/language arts instruction in their regular education classes than mainstreamed children identified as handicapped served through special education programs. The latter received more special reading instruction than did Chapter I students, but the amount was not sufficient to offset the loss in the regular education program. Instruction offered in the special education program provided less direct teaching and more seatwork than instruction in either the regular education or the Chapter I program. These results suggest that the special education programs studied did not generally improve either the quantity or quality of reading/language arts instruction received by the participants. The small amounts of reading/language arts instruction offered mainstreamed handicapped students also must be of concern.

Miller, C. D., Miller, L. F., & Rosen, L. A. (1988). **Modified reciprocal teaching in a regular classroom.** *Journal of Experimental Education, 56* (4), 183-186.

This study used modified reciprocal teaching to increase reading comprehension and academic achievement in seventh grade regular education social studies classes. Modified reciprocal teaching involved small groups of students working together to read and comprehend a portion of text. Students took turns "teaching" by assisting the rest of the group in selecting key words and phrases, summarizing, questioning, clarifying, and predicting. One class used modified reciprocal teaching twice a week for eight weeks while two classes received traditional instruction by the same teacher. Those participating in modified reciprocal teaching groups scored higher on comprehension tests and writing samples, showed grade improvement, and had better conduct records than the control groups.

Several hypotheses explain the superior performance of the students participating in modified reciprocal teaching. Reading was goal-directed and student involvement both in the group effort and as "teacher" of the group were highly motivating. Paraphrasing enabled students to encode material in a manner consistent with individual learning style, and clarification of material was immediate.

ASSESSMENT

Good, R. H., & Salvia, J . (1988). **Curriculum bias in published, norm-referenced reading tests: Demonstrable effects.** *School Psychology Review, 17* (1), 51-60.

Content validity of four reading achievement tests (the Peabody Individual Achievement Test, the Wide Range Achievement Test, the California Achievement Test and the Metropolitan Achievement Test) was evaluated for two grade levels of the Pathfinder Allyn and Bacon Reading Program. Estimates of reading achievement were obtained on the four tests for 65 students. Content validity standard scores were used to quantify the match between each test and the curriculum.

The study demonstrated significant differences in test performance for the same students on different reading tests which could be predicted by each test's content validity. The implication that students in one curriculum may score differently on various reading achievement tests as a function of the test's content validity was supported. Thus, the reading measures displayed significant curriculum bias that affected pupil scores. Curriculum bias may represent a substantial factor in decisions regarding referral, diagnosis, placement, and instruction.

RESOURCES

Information Center for Special Education Media and Materials. (1990). **Database report: Instructional materials and resources that incorporate learning strategies to teach reading.** LINC Resources, Inc., 4820 Indianola Avenue, Columbus, OH 43214, 800/772-7372, 614/885-5599. 28 pp. $5.00

This listing is a selective compilation of commercially available instructional and professional materials that incorporate or support the use of research-based instructional methods. Each of the 23 product listings includes the following entries: title, author, format, cost, reading level, grade, interest level, description, approach, information on effectiveness, and publisher name and address. Both basal readers and supplementary materials are included.

INSTRUCTIONAL MATERIAL

Reading and Thinking Strategies, Grades 7 - 8, consists of eight modules arranged in developmental sequence. The first, an introduction to strategic reading, familiarizes users with the group discussion format and whole-class instruction. Modules 2 -8 contain three lessons about particular aspects of reading tasks or thinking strategies, followed by several informal assessments of students' learning and strategic reading. The first lesson introduces the strategy and includes teacher modeling and explanation. In the second lesson, students generate the strategy and apply it; the third lesson allows teachers to select reading material from their students' regular content area texts and apply the strategies.

The thinking strategies include making inferences; strategies used before, during, and after reading; aesthetic aspects of reading; identifying text structure; connecting events in temporal and causal sequences; comprehension monitoring; underlining and outlining key information; rules for summarizing; study strategies and review; and evaluation. Each module introduces material using a metaphor that is a concrete representation of a thinking strategy or cognitive characteristic of reading. Teacher-led discussion of the strategy follows, including how it operates, why it is effective, and when the student should apply the strategy. Reading, writing, and thinking strategies are used to

reinforce the teacher-led discussion. Finally, students are provided feedback on their use of the strategy. All lessons, which include direct explanation of the strategy and workbook exercises, are designed to be completed in 45 minutes.

Paris, S. G. (1989). **Reading and Thinking Strategies, Grades 7-8**, D. C. Heath, 2700 North Richardt Avenue, P. O. Box 19309, Indianapolis, IN 46219, 800/428-8071. $161.95

SOFTWARE

Explore-a-Story is a series of twelve integrated storybook-based programs that helps students in grades K-5 develop reading, writing and creative thinking skills. Each title moves the user from reading or hearing the story to paging through the same scenes on the computer screen with the option of changing or experimenting with the characters, scenery, and text. Students can control this pointer with a "mouse," joystick, Touch Screen, or keyboard. A "menu-bar" permits the selection of additional characters, scenery, backgrounds, or objects and lets them be placed anywhere on the computer screen. Original story text or prepared labels for objects can also be added to each page. This allows the user to recreate what was read, to create sequels or entirely new versions of the story. Student work can be saved on a data disk and/or printed in color or in black and white. Individual or cooperatively created books can be assembled from a series of these pictures.

In addition to the program disk, a student disk includes story-starter, vocabulary, comprehension, and other activities related to the original story. The stories are often infused with humor or incidents to stimulate creative writing. Most activities lend themselves to either small group or individual use.

Each of the twelve titles includes a program disk, student disk, back-up disks, five softcover story books and a teacher's guide. Student Activity Books and additional sets of storybooks are available. An Apple IIe (with 128K of memory,) IIc or IIgs is required, and a color monitor and a printer are highly recommended.

Explore-A-Story Series. Collamore Educational Publishing, D. C. Heath & Company, 2700 North Richardt Avenue, P.O.Box 19309, Indianapolis, IN 46219. 800/428-8071. 1987, 1988. $75.00 per title.

Editor's Note: The insert in the previous issue on homeless children, a chart titled "Conditions Experienced by Homeless Children and Related Intervention Strategies," was developed by Michelle F. Linehan of the Massachusetts Department of Education.

PRISE reporter is published by the Eastern Instructional Support Center of Pennsylvania (E-ISC), Marianne Price, Director. Funded by the Pennsylvania Department of Education, Bureau of Special Education, through P.L. 94-142. E-ISC is administered, managed, and supervised by Montgomery County Intermediate Unit #23, Erdenheim, Pennsylvania, Dennis Harken, Executive Director.

PRISE is a service of E-ISC, a component of the Instructional Support System of Pennsylvania (ISSP). Overall administration of ISSP is conducted by Central Susquehanna Intermediate Unit #16, Patrick F. Toole, Executive Director. MCIU #23, an equal-opportunity educational service agency, does not discriminate on the basis of sex, handicap, race, color, national origin, age or religion in its education program and activities or employment, as required by Title IX, Title VI, and Section 504. The opinions expressed herein do not necessarily reflect the position or policy of PDE, the U.S. Department of Education, MCIU #23, or CSIU #16, and no official endorsement should be inferred.

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PAIS reporter
issues in the education of students with handicaps
vol. 21, no. 4, May 1990

pennsylvania resources and information center for special education 200 Anderson Road, King of Prussia, Pa 19406. 215/265-7321

CLASSROOM NONCOMPLIANCE AND TEACHER-STUDENT INTERACTIONS

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Noncompliance is one of the most frustrating and time consuming behavior problems with which teachers and parents must cope. It often functions as a gatekey behavior that can lead to other, more serious behavior problems such as aggression, explosive anger, defiance and property destruction. In a national survey of 1100 regular and special education teachers, compliance with teacher commands was the most highly valued form of student behavior. This article focuses on the characteristics of noncompliance in the classroom setting and concludes with two case study illustrations of teacher-student interactions involving different forms of classroom noncompliance.

Definition and Example

Noncompliance has been characterized as an important indicator of such maladaptive behavior patterns as aggression, antisocial behavior, chronic disobedience, negativism, oppositional behavior, social maladjustment, and conduct disorder. Young children and students who display these behavior patterns are likely to have much higher rates of noncompliance than normal. **Noncompliance** refers to a situation in which (a) an adult (parent or teacher) issues a direct instruction, gives a specific command, or makes a request directing a child's behavior, followed by (b) active refusal to comply. The most common definition of **noncompliance** refers to failure to comply with a specific directive and applies if (a) no response is forthcoming, (b) no response is produced in a prespecified time (usually 5 or 10 seconds), or (c) some alternative, nonrequested behavior is performed. Noncompliance also may involve failure to meet a prespecified performance standard of which the child is capable.

Professionals usually distinguish between **alpha** commands (to which compliance or noncompliance can be demonstrated) and **beta** commands (to which compliance or noncompliance **cannot** be demonstrated). Alpha commands involve a clear, direct and specific command without additional verbalization that allows reasonable time for response. Beta commands involve vague and/or multiple directives, given simultaneously and accompanied by excess verbalization, without a clear criterion or adequate opportunity for compliance.

Some examples of **alpha** commands are, "Corey, I want you to pick up your room as soon as you're through with dinner," "Greg, go see the school attendance officer about yesterday's absence, right now!" Alpha commands usually increase or at least maintain the existing degree of compliance.

Beta commands are illustrated in the following examples: "James, your room is always such a mess! Why don't you clean it up instead of waiting for me to do it for you? I get so tired of always picking up after you!" "Georgi, it's time for you to get to work. So get to it and don't let me catch you loafing again or you'll have to stay in during recess!" Beta commands lower compliance rates and are to be avoided when possible.

Subtle distinctions sometimes are made between **requests, commands** and **demands. Requests** are usually expressed in question form and often are accompanied by social conventions such as "Would you please..." or "I'd like you to...." They express a desire for something, and usually communicate that the recipient can refuse. A **command** is more authoritative, does not involve questions and social conventions, and usually does not allow non-response or noncompliance. Commands often involve social control by the person giving the directive over the recipient (e.g., in parent-child and teacher-student relationships). A **demand** involves an authoritative command or request, usually does not allow for refusal, and is presented as a requirement. Commands escalate to demands when initially refused by the child. The situation often degenerates to direct defiance, which can be explosive or violent, and invariably damages the adult-child relationship.

Teachers constantly make requests, give commands and directions, and occasionally make demands in their management of the classroom environment. These directives occur in either **academic** or **nonacademic** contexts and involve either **initiating** or **terminating commands**. Figure 1 *(next page)* illustrates four types of commands that can result.

A greater proportion of the commands given by teachers and parents should be of an initiating nature. However, teachers unavoidably are drawn into giving terminating commands to manage the classroom and teach effectively. This usually occurs within **learner-initiated** rather than **teacher-initiated** interactions, where the teacher issues such commands to manage the situation effectively (e.g., tells a student to stop disrupting the work of a fellow student). Terminating commands should be given in a firm but matter of fact manner and should not be accompanied by overt signs of anger or irritation.

Types of Noncompliance

Four types of noncompliance commonly occur in parent-child and teacher-student interactions: **passive noncompliance, simple refusal, direct defiance**, and **negotiation**. In

TYPE OF COMMAND		
CONTEXT	**Initiating**	**Terminating**
Academic	1. "Class, take out your math books, turn to page 42 and begin work on the addition problems." 2. "Sarah, multiply the numerator of the two fractions, not the denominators."	1. "Fred, you and Dave stop doing the Flashcard exercises." 2. "Ginny, you need to stop focusing on the distractors in these story problems."
Non-Academic	1. "Trent, help Sam find his coat and gloves, please." 2. "Hazel, it's time for you and Rita to help me take lunch count."	1. "Ray, stop pestering Susan, now!" 2. "Sharon, don't say another word on this matter until I ask you to."

Figure 1
Examples Of Types and Contexts Of Classroom Commands

passive noncompliance the child chooses not to perform the requested behavior or task but does not overtly refuse to do so. The command is ignored rather than acknowledged, but refusal usually is not accompanied by anger, hostility or defiance.

In **simple refusal**, the request is acknowledged but not complied with. The child states or gestures that she/he does not intend to comply (e.g., "No," "Sorry, I can't," "Uh..uh"). Refusal usually is communicated without anger or negative emotion, but if the command-giver persists, subsequent noncompliance may be accompanied by anger and overt hostility.

Direct defiance refers to noncompliance accompanied by hostility, anger, negative affect, overt resistance to authority and sometimes attempts at intimidation of the command-giver. Such defiance, particularly in parent-child and teacher-student dyads, often results from an **escalating** chain of interlocking, reciprocal social exchanges. The adult gives a command, often in an emotionally charged atmosphere. The command inevitably is met with refusal, accompanied by anger and hostility. The adult repeats the command in a more coercive and forceful manner; the child refuses again and matches or exceeds the adult's intensity and anger. This process quickly escalates to direct defiance. Rarely is there a satisfactory outcome, either for the adult or the child. At the least, these interactions damage the teacher-student relationship and set the stage for future episodes of this type.

Figure 2 illustrates a sequence in which noncompliance escalates to direct defiance through coercion. Repeated pressure, particularly toward a student in an agitated state, can degenerate to a test of wills in which no one wins. Negative outcomes can include (a) assignment of the student to a more restrictive setting, (b) suspension or exclusion and/or placement on home tutoring regimens, (c) reluctance to engage the student on future occasions when she/he is perceived as likely to refuse a command or request, and (d) reduced instructional time and monitoring due to the aversive nature of his/her behavior and the damaged relationship. It is important to avoid such hostile, confrontational interactions and to terminate them quickly if they develop.

In **negotiation**, the child attempts to bargain with the giver of the command, proposes alternative solutions, attempts to redefine the command, tries to compromise, and offers explanation and excuses. Examples include, "Why do I have to do this now? I'd planned to do it later," "Why can't I substitute extra credit work in place of this assignment?" "I can't do this in the time you've given me; it's too hard!" Negotiation is considered a rather sophisticated skill developmentally, but also can be a trap for parents and teachers, as it provides a means for the child to change the nature of the request, delay it, or escape it entirely. Negotiation attempts are present in even very young children, especially those with well developed verbal skills.

Passive noncompliance and **direct defiance** appear to decrease with age, while **simple refusal** and **negotiation** increase. The latter two forms of noncompliance are considered more competent and acceptable forms of refusal. Immature, antisocial, and socially incompetent children often are invested in passive noncompliance and direct defiance as strategies for resisting the influence of authority figures.

Both teachers and parents are more likely to give negative attention to misbehavior than positive attention to appropriate behavior. Often, behavior reflects these differential attention levels accordingly, with unfortunate results.

Attempts to change noncompliance at school should be accompanied, when possible, with efforts to get parents to alter their interactions with the child at home.

CONTEXT:	Near the end of her lesson, Ms. Corbin, the elementary art teacher, instructs the class to begin clean-up in preparation for recess. Most students begin this task immediately, but some are slow to do so. Sarah half-heartedly begins cleanup and starts to talk with her friend Mary.
Ms. Corbin:	"Mary, stop talking and start cleaning up."
Mary:	(Ignores teacher and continues talking.)
Ms. Corbin:	"Mary, if you want to go to recess, you'd better clean up your desk right away, **and** to my satisfaction."
Sarah:	"Who are you to tell us what to do? I don't want to clean up this stinking desk. Who cares about recess anyway?"
Ms. Corbin:	"Sarah, go to the office right now. We'll talk to the principal and your parents about this and see what it takes for you to get back into my class."
Sarah:	"_____ you! I don't care about ever getting back in this class!"

Figure 2
Escalation of Noncompliance to Teacher Defiance Through Coercive Processes

Consequences of Noncompliance

Noncompliance can be a serious obstacle to satisfactory school adjustment and post-school success in vocational, personal and social domains. Noncompliance has been identified as prevalent among students with handicaps, particularly those with behavior disorders. Regular and special education teachers long have recognized noncompliance as a critical impediment to successful integration of students with handicaps into regular, mainstream settings, as well as to community integration of persons with developmental disabilities.

Noncompliance makes teaching or managing children very difficult; thus socialization and development processes may be severely impaired. Child compliance long has been a principal criterion of parental effectiveness, and compliance with teacher commands has indicated teacher skill in instructing and managing students. Compliance can indirectly reflect students' general responsiveness to the teacher as an effective arbiter of the classroom environment.

Noncompliance often precipitates other, more serious disruptive and aggressive behaviors, including crying, aggression toward others and self-injury. Developmental behavioral sequences have been documented that involve gradual progression toward more deviant forms of behavior, culminating in chronic patterns of antisocial behavior and/or adoption of a delinquent lifestyle in adolescence.

Noncompliance also can disrupt peer relations. Cooperative behavior and being of help to others are strongly valued by peers, and noncompliance disrupts these forms of social behavior. Socially neutral behavior of a behavior disordered student is likely to be perceived by peers as negative, while the same behavior in normal students is viewed positively. Students also must learn to discriminate between appropriate and inappropriate commands, especially with peers who ask them to engage in deviant forms of behavior (e.g., drug and alcohol experimentation, vandalism, theft). In such instances, they need to display appropriate refusal skills.

Two case studies follow that illustrate frequently encountered instances of noncompliance in the classroom. Teacher response options are suggested in each case.

Case Study 1: Active Resistance to Teacher Authority

Consider again Figure 2, the case of Sarah and Mary, who fail to comply with Ms. Corbin's directive to clean up after their art lesson before recess. Sarah challenges Ms. Corbin's authority, calls her a name, and is sent to the office.

Problem Analysis

Unfortunately, this situation occurs frequently and usually does not end satisfactorily. The teacher has every right to require that all children clean up from a lesson before recess. Sarah's angry reaction and escalation were unanticipated. If possible, this situation should not be allowed to escalate to teacher defiance with mediation by an administrator necessary and the likely involvement of the student's parents. The public nature of the confrontation and the resulting anger by both teacher and student are destructive to the classroom atmosphere and to the subsequent teacher-student relationship. Ms. Corbin's direct command and Sarah's reaction produced a power struggle that make such future episodes **more** rather than less likely to occur.

Teacher Response Options

1. The teacher could have reissued her initial command to the entire class when she noticed that some students, including Sarah, were not cleaning up in time to finish before recess.

2. Next, she could have circulated among the students and praised those cleaning up in proximity to any students who were not, quietly prompting them about the importance of starting the task so that they wouldn't lose recess.

3. She could then have approached Sarah and asked to talk with her quietly. Taking her aside, she could have explained that Sarah could not go to recess until cleanup was complete. Whatever time Sarah spends avoiding the task will result in her losing a corresponding amount of recess time.

4. Ms. Corbin should next leave Sarah, withdraw all attention from her, and wait until she satisfactorily completes the task.

5. If cleanup is not complete by recess, Sarah should stay in (unless she completes cleanup during recess, in which case she can participate in the rest of that period).

It is possible but less likely that this approach would have resulted in defiance. It is essential that the teacher not **directly provoke** the situation or force compliance according to a fixed schedule. Instead, possible outcomes should be stated, and it becomes Sarah's choice to comply or not.

Case Study 2: Passive Noncompliance

Randy is a freshman assigned to a resource room part of the day. He is not angry, defiant or oppositional, but appears impassive and unresponsive to much of his social environment. He has few friends or social contacts with classmates. His pattern of completing assigned work is sporadic and unpredictable. When given directions, he usually responds with passive noncompliance by ignoring the teacher, without expressing anger or emotion.

Problem Analysis

Just as noncompliance can be a "gatekey" to more serious forms of maladjustment of an acting out nature, it also can indicate serious problems of an emotional or internalizing nature. Passive noncompliance can be due to a number of causes, some more serious than others. If this type of noncompliance is protracted and consistent, it may indicate other pathological conditions.

Ms. Anderson, Randy's resource teacher, is concerned about his failing freshman year and either dropping out or flunking out. She tries to reach him but is unsuccessful, so contacts his parents, who indicate that he has become increasingly withdrawn and indifferent to friends and normal activities over the past year for no apparent reason. They report that he is listless and continually tired, and shows no desire for activities previously of interest.

Teacher Response Options

Ms. Anderson's options are to (1) ignore the situation and hope that it will improve over time, (2) try to increase compliance via direct intervention, or (3) refer Randy to psychological services personnel for psychological and behavioral evaluation. She chooses option (3) and initiates a counselor referral.

After examining Randy, reviewing his records, and interviewing both Randy and the teacher, the counselor concludes that Randy may be depressed and refers him and his family to a mental health clinic. The counselor's suspicions are confirmed and the family receives therapy and intervention. In this situation, passive noncompliance proved a symptom of a very serious problem—adolescent depression. The teacher's referral was a good decision. Passive noncompliance is unusual in high school students and can indicate more serious problems. A teacher-initiated intervention to reduce noncompliance would have been insufficient.

Further information on techniques for reducing noncompliance is provided in Walker and Walker (1990), **Coping with Noncompliance in the Classroom,** described in this issue.

Hill M. Walker is Professor of Special Education at the University of Oregon, where he received his Ph.D. in special education in 1967. He has conducted extensive research on students with behavior disorders in both regular and special education settings. His areas of expertise include assessment, social skills training, behavioral interventions, and social integration strategies.

CURRENT CITATIONS

Curwin, R. L., & Mendler, A. N. (1988). **Discipline with dignity.** Association for Supervision and Curriculum Development, 225 N. Washington St., Alexandria, VA 22314. 703/549-9110. 267 pp. $9.95

The authors offer suggestions for developing a repertoire of practical consequences for when students forget or do not know how to perform the behaviors in their social contracts. A social contract is an agreement between teacher and students about rules and consequences for classroom behavior. The book distinguishes between consequences and punishment, and provides a range of strategies for treating students fairly and in individualized ways. The strategies are intended to enhance student self-esteem, incorporate social problem-solving and self-regulation as components of curriculum and instruction, and portray teachers as mediators of learning rather than police. Appendices include a Behavior Management Inventory and a School Discipline Study.

Donnellan, A. M., LaVigna, G. W., Negri-Shoultz, N., & Fassbender, L.L. (1988). **Progress without punishment: Effective approaches for learners with behavior problems.** Teachers College Press, P.O. Box 939, Wolfeboro, NH 03894. 800/356-0409. 184 pp. $15.95

This book advocates and explores the use of alternative, nonaversive intervention procedures. The programming model described is based on a broad assessment of specific problems and involves systematic instruction in appropriate modes of behavior. The authors provide an overview of nonaversive technology and demonstrate, through case studies, how even the most challenging behaviors can be modified. Strategies for behavior management are presented that would be of value to parents, program administrators, residential care providers, and rehabilitation counselors.

Kampwirth, T. J. (1988) **Behavior management in the classroom: A self-assessment guide for teachers.** *Education and Treatment of Children, 11* (3), 286-293.

After observing 15 classrooms identified by school principals as well-managed, the author devised a series of questions intended to help teachers analyze their classroom behavior management method and styles. The first section, preventative aspects, is designed to help the teacher set the stage for good teaching. The second section, class-in-session, centers on teacher behaviors observed important in keeping students on task and dealing effectively with behavior problems. A third section reviews the classroom behavior management literature and presents brief rules-of-thumb emerging from this study.

Meyer, L. M., & Evans, I. M. (1989). **Nonaversive intervention for behavior problems.** Paul H. Brookes, P.O. Box 10624, Baltimore, MD 21285. 301/337-9580. 208 pp. $26.00

This manual describes nonaversive intervention strategies for dealing with problem behavior in home and community environments. The major theme is the design of behavioral programs that do not compromise the individual's lifestyle and dignity. Specific instructional and behavioral strategies for addressing excess behavior are presented and basic concepts and practices are explained. The manual is directed to meeting the needs of persons who exhibit problem behavior and represent a range of developmental disabilities, including mild to profound levels of mental retardation, physical disabilities, sensory impairments, and autism. It covers the life span, emphasizing adults in all environments and children in nonschool environments.

Molnar, A., & Lindquist, B. (1989). **Changing problem behavior in schools.** Jossey-Bass, 350 Sansome St., San Francisco, CA 94104. 415/433-1740. 194 pp. $19.95

The authors address chronic behavior problems that steadily wear down school personnel and undermine school effectiveness. This approach, called ecosystemic because it views problem behavior as part of, not separate from, the social setting in which it occurs, focuses directly on change in the problem situation rather than on diagnosis of problem individuals. Problems are seen not as the result of one person's inadequacies, but as part of a pattern of interpersonal interaction. Designed to build on strengths, not overcome deficits, this method does not require elaborate plans.

Seeman, H. (1988). **Preventing classroom discipline problems: A guide for educators.** Technomic, 851 New Holland Avenue, Box 3535, Lancaster, PA 17604. 800/233-9936. 313 pp. $29.00

This book offers an understanding of discipline problems, describes skills needed to remedy those problems, and suggests responses to prevent and handle disruptive behavior. It may be used as a self-help guide for classroom teachers from kindergarten to 12th grade, or as a training manual for teacher educators. Part I contains information on defining and sharing experiences involving discipline problems. Part II focuses on preventing disruptive behavior inside and outside the classroom, student teacher interactions and lesson plan delivery. Part III includes methods of dealing with disturbances and suggestions for implementing the daily lesson plan. The appendix contains an indexed list of sources of disruptive behavior and their remedies.

Walker, H. M., & Walker, J. E. (1990). **Coping with noncompliance in the classroom.** Sopris West, P. O. Box 1809, Longmont, CO 80502. 303/651-2829. 75 pp. $7.50

The first in the Behavioral Coping Series, this booklet addresses persistent behavior problems faced by teachers in regular and special education settings. It is designed to enhance understanding of the nature and causes of noncompliance, provide intervention strategies and application guidelines, and illustrate their implementation through case studies. It furnishes a definition and examples of noncompliance, discusses causal factors and consequences of noncompliance, presents interventions (i.e., manipulating antecedents and consequences), and includes strategies for maintaining and generalizing increased compliance. Other series titles will address aggressive behavior, classroom disruption, failure to complete assignments, attention deficit disorder, and tantrums.

Yell, M. L. (1990). **The use of corporal punishment, suspension, expulsion, and timeout with behaviorally disordered students in public schools: Legal considerations.** *Behavioral Disorders, 15* (2), 100-109.

This article discusses corporal punishment, timeout, and suspension and expulsion with students with behavior disorders in public schools. Four recent federal court cases—*Cole v. Greenfield-Central Community Schools* (1986), *Dickens v. Johnson County Board of Education* (1987), *Hayes v. Unified School District No. 377* (1987), and *Honig v. Doe* (1988) are

presented and seven principles extrapolated from case law concerning use of punishment procedures with these children. These principles, which include using reasonable punishing procedures that serve a legitimate educational function, keeping extensive records, and being careful not to violate educational or due process rights of special education students, form a network of policy for applying student management procedures with children with behavior disorders.

CONTINUING RESEARCH

Hughes, C. (1989). **Use of self-evaluative training to decrease disruptive behaviors of behaviorally disordered adolescents in the mainstream.** Pennsylvania State University, Department of Education, 114 Kern Building, University Park, PA 16802. 814/863-1699. 60 pp. manual, $5.00

This study investigated effectiveness of a strategy to facilitate mainstreaming for secondary students with behavior disorders. The strategy, titled **RATE** (**Recall** the assignment, **Ask** yourself about your work, **Tell** yourself about your work behavior, and **Evaluate** yourself) requires the student to compare what he was expected to do with what he did and to rate himself numerically. Students received self-evaluation training in a resource room and on mastery, were instructed to use the skill in the mainstream classroom. All students reduced disruptive and off-task behaviors, but some more dramatically than others. Variables related to success of the intervention were teacher enthusiasm, following the manual closely, and teaching the strategy 3 to 4 days a week.

ASSESSMENT

The **Social Skills Rating System (SSRS)** is a multi-rater system for assessing behaviors affecting teacher-student relations, academic performance, and peer acceptance. Nationally standardized on over 4,000 students aged 3-18, it is available for preschool/elementary levels (ages 3-4, and grades K- 6) and the secondary level (Grades 7-12). Each level contains questionnaires to be completed by the teacher, parent, and student (when possible). Items are rated for frequency and perceived importance, and address social skills, problem behaviors, and academic competence. Each form takes 10 to 25 minutes to complete.

The Social Skills questionnaire emphasizes positive social behaviors grouped under Cooperation, Assertion, Responsibility, Empathy and Self-Control. Problem Behaviors measures behaviors interfering with the production of social skills, including externalizing problems such as aggressive acts and poor control of temper; internalizing problems such as sadness and anxiety; and hyperactivity, such as fidgeting and impulsive acts. Academic Competence, for use only by the teacher, is an index of academic functioning that includes items related to task completion, productive use of free time, attention to task, and following directions.

SSRS may be used to screen students whose social behaviors are problems at home and at school; evaluate students for emotional disturbance, mental retardation or learning disabilities; and identify behavior deficits and plan intervention. Starter sets for each level contain a manual, 10 copies each of the teacher, parent and student (where applicable) questionnaires, and 10 assessment-intervention records to summarize information from different sources and intervention plans. A scoring/interpretation program for Apple and IBM microcomputers is available.

Gresham, F. M., & Elliot, S. N. (1990). **Social Skills Rating System,** American Guidance Service, Publishers' Building, P.O. Box 99, Circle Pines, MN 55014. 800-328-2560. Preschool/Elementary Starter Set $80.00; Secondary Starter Set $75.00

Systematic Screening of Behavior Disorders (SSBD) is a process for screening and identifying students in grades K-5 who may be at risk for developing behavior disorders. It provides regular classroom teachers with uniform behavioral standards for the referral process. Based on five years of research in public schools, it recently was validated by the Program Effectiveness Panel of the U. S. Department of Education.

In Stage I, the regular classroom teacher nominates and rank orders two groups of 10 students each who match provided profiles of **externalizing** behavior problems (e.g., noncompliance, aggression, defiance), and **internalizing** behavior problems (e.g., depression, phobias, social withdrawal). The top ranked three students in each group move to Stage II, in which the teacher completes a 33-item Critical Events Index measuring low frequency but high intensity events (e.g., stealing, assault, self injury); a 12-item Scale of Adaptive Student Behavior; and an 11-item Scale of Maladaptive Student Behavior. Normative criteria and cut-off levels are provided. In Stage III, target students are observed by a professional other than the regular class teacher for two 15-minute sessions on separate days in the regular classroom using an Academic Engaged Time Code and on the playground using a Social Behavior Code. Students exceeding age and gender normative criteria are referred to a child study team for further evaluation. A School Archival Records Search can be used to document the student's behavioral history.

Walker, H. M., & Severson, H. (1990). **Systematic Screening of Behavior Disorders.** Sopris West, P. O. Box 1809, Longmont, CO 80502. 303/651-2829. Kit containing technical manual, user's guide and administrative manual, observer training manual with practice videotape, and instrument packet with multiple copies of forms, $175.00

RESEARCH BRIEF

Knapczuk, D. R. (1988). **Reducing aggressive behaviors in special and regular class settings by training alternative social responses.** *Behavioral Disorders, 14* (1), 27-39.

Placement in regular education settings requires special education students to display social competence in a variety of situations. This study focuses on aggressive behaviors of two junior high special education students and the relationship between setting events preceding aggression and these behaviors. The special education students showed aggression when they initiated greetings or made requests of peers and were ignored, denied, or derogatorily dismissed. Videotaped social situations were used to model, rehearse, and provide directed feedback

concerning appropriate alternatives to aggressive behavior. The intervention reduced the level of aggression and improved the willingness of peers to interact with the students.

LEGISLATION LITIGATION

Lincoln, E. A. (1989). **Disciplining handicapped students: Questions unanswered in Honig v. Doe.** *West's Education Law Reporter, 51* (1), 1-9.

Honig v. Doe involved the disciplining of two handicapped students for disruptive conduct caused by their disability. The U.S. Supreme Court held that unilateral expulsion of a handicapped student for conduct caused by the student's disability, for a period in excess of 10 school days, constitutes a significant change of placement. Unless parents or guardians agree to the change proposed by the school, the student must remain in the current placement during the complaint proceedings. Before disciplining a handicapped student, school officials should answer two basic questions: 1) Was the disruptive conduct caused by the student's disability? and 2) Does the proposed discipline constitute a significant change in placement? The type of discipline constituting such a change is not limited to exclusion of a handicapped student for more than 10 school days, but also may include transfer to another school, social suspension, in-school suspension, or denial of a related service.

National Association of State Directors of Special Education. (1989). **Office for Civil Rights says handicapped may be expelled, changes mind on series of suspensions**. *Liaison Bulletin, 15* (2) 1-6.

The October, 1988 Office for Civil Rights memorandum on discipline of handicapped students is the first direct policy statement by either OCR or the Office of Special Education Programs since the U.S. Supreme Court *Honig v. Doe* decision. OCR found that Section 504 does not bar expulsion of a handicapped child for misconduct not caused by the child's handicap. OCR also announced a change of position concerning "serial" suspensions, e.g., multiple suspensions of fewer than 10 days each but adding up to greater than 10 days per school year. In contrast to its previous position that any number of multiple suspensions aggregating 10 days or more in one school year constitute a "change of placement," OCR states that each case must be examined for length of serial suspensions, proximity of the suspensions to one another, and total time of school exclusion to see if a significant change in placement has occurred.

TRAINING MATERIALS

Valentine, M. R. (1988). **How to deal with discipline problems in the schools: A practical guide for educators**. Michael R. Valentine, 23565 Via Paloma, Coto de Casa, CA 92679. 714/858-7803. 141 pp. $19.50. Also, six audiocassettes, $49.50

Designed to give school personnel the ability to stop students' inappropriate behavior, to maintain classroom control, and to improve performance in academic and behavioral areas, this method addresses parent/teacher/student communication and interaction patterns exhibited when a student acts inappropriately, and compares and contrasts effective and ineffective patterns. Common adult belief systems about why children misbehave are analyzed. Methods for dealing with discipline problems through clear, straightforward communication are described, along with back-up techniques and procedures for developing an individual discipline lesson plan involving other school personnel or parents. Case studies illustrate solutions to problems such as truancy, fights, and poor academic performance. A final chapter addresses concerns and questions raised by teachers about the model. A set of six audiotapes using case examples is available.

Valentine, M. R. (1988). **How to deal with difficult discipline problems: A family system approach.** Michael R. Valentine, 23565 Via Paloma, Coto De Casa, CA 92679. 714/858-7803. 199 pp. $19.50. Also, 6 audiocassettes, $42.50

For use primarily by school psychologists and counselors, this method for dealing with difficult discipline problems in the schools uses a communication-based family-systems approach. It presents guidelines for use after the school-based interventions and back-up techniques discussed in **How to deal with discipline problems in the schools: A practical guide for educators,** described above, have been implemented. Detailed are a structured seven-step family-counseling session to enlist parental support, as well as administrative and community interventions. Sample cases are described, and the model compared to other therapeutic approaches. A set of audiotapes addressing how to run a family counseling session in school settings is available.

INSTRUCTIONAL MATERIAL

Huggins, P. (1990). **Helping kids handle anger: Teaching self control.** Sopris West, P.O. Box 1809, Longmont, CO 80502 303/651-2829. 225 pp. $29.95

The first in a series from the **ASSIST Program (Affective Skills Sequentially Introduced and Systematically Taught)**, this manual is designed for teachers, counselors, and psychologists working with students individually or in groups at the elementary level. It contains 15 lessons (e.g., self-talk and visualization, steps for controlling anger, dealing with frustration, expressing anger appropriately, accepting criticism), 17 supplementary art and writing activities, teacher resource materials (e.g., rules for discussion, sentence starters for promoting thinking, anger control reinforcers), and pre- and post-tests on lesson concepts. Each lesson includes an objective, list of materials, note concerning theoretical background, scripted lesson presentation, and set of transparency and student worksheet masters. Guidelines for modeling, role plays, student participation, parent involvement, and transfer of training are provided. Other series titles address such topics as teaching cooperation skills, teaching friendship skills, and building self-esteem in the classroom.

New PRISE General Distribution Searches Available

__PRISE__ continues to respond to individual requests for information related to specific needs. In addition, __PRISE__ has prepared new __General Distribution Searches__ on various topics in special education. By completing the form at the bottom of this page and returning it to PRISE, you will receive the bibliographies requested. With each bibliography you will receive instructions on ordering articles.

39-89 Transition for Students with Visual Impairments
Contains information on planning, studies, and programs dealing with the transition of students with visual impairments.

40-89 Regular Education Initiative
Documents recently published articles exploring the Regular Education Initiative. Contents range from specific problems and issues to exploring strategies for overcoming perceived obstacles. Different vantage points are presented.

41-89 Transition from Preschool Special Needs Programs to Public School Programs
Contains information on how to handle the transition between a special needs preschool program and public school placement. The literature is aimed at preparing children and parents for the change as well as clarifying the roles of the sending and receiving schools and their personnel.

42-89 Teaching Spelling to Students with Mild Handicaps
Cites documents that concentrate on practical methods and learning activities for teaching spelling skills to students with mild handicapping conditions.

43-89 Using Word Processing with Mildly Handicapped Learners
Provides research and instruction on using word processors to teach writing skills to students with learning disabilities or mild mental handicaps.

44-90 Effects of Using Computer Assisted Instruction for Students with Mild Handicaps
Contains an array of articles comparing effectiveness of computer assisted instruction with that of other instructional methods. Learning and behavioral results are presented.

45-90 Approaches to Providing Instructional Support Through School-Based Decision-Making Teams
Contains descriptions of variously labeled school-based decision-making teams whose members assist regular education teachers to generate supportive instructional alternatives for students with problems in the regular classroom. Team functions and assessment procedures are included.

46-90 Model Programs for Preschool Children with Handicaps
Contains information about model programs for preschoolers with handicaps, including home-based, center-based, and combination home- and center-based programs.

47-90 Consultation Models for Instructional Support Teachers
Consists of journal articles and book excerpts describing various models for consulting. A review of the professional literature investigating a variety of approaches for the instructional support teacher is included.

48-90 Behavior Management Strategies for Adolescents with Disabilities
Contains descriptions of strategies and programs that encourage the positive classroom behavior of adolescents with disabilities.

49-90 Developing the IEP
Contains journal articles and book excerpts describing the IEP process. Information on the role of the parents and the school counselor is also included.

50-90 Teaching Nonreaders and Students Who have Severe Reading Disabilities
Contains descriptions of instructional aids and teaching methods for improving reading skills and presenting content area curriculum to nonreaders and students with severe reading disabilities.

51-90 Teaching Reading in the Content Areas at the Secondary Level
Contains information on learning strategies, teaching methods, and selection of instructional materials content to help students with reading deficits.

52-90 Educational Strategies for Students Who are Multihandicapped Visually Impaired
Contains descriptions of strategies, programs, and education planning considerations for students who are multihandicapped visually impaired.

53-90 Improving Cognitive Skills of Children with Head Injuries
Includes discussions of the issues involved in cognitive rehabilitation of students with severe brain injury and the options available for management of their academic and educational problems.

54-90 Computer Use with Students Who are Severely and/or Multiply Handicapped
Deals with issues and techniques for incorporating computer technology into educational programs for severely and/or multiply handicapped students. Included are articles which discuss selection and adaptation of equipment, and a partial list of software for the functional curriculum.

55-90 Effects of Prenatal Crack and Cocaine Abuse on Infants and Young Children
Contains information on the psychological and physiological effects of prenatal crack and cocaine abuse on infants and children and the implications for early intervention and education.

56-90 Teaching Composition (Writing) to Students with Mild Handicaps
Contains information about strategies for teaching composition skills to elementary and secondary students with mild disabilities. Research about the efficacy of different methods of teaching these skills is included.

57-90 Collaborative Teaching in Integrated Schools
Cooperation between special and regular educators in integrated settings is described and methods for facilitating collaboration are discussed.

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VIDEOCASSETTES

In the team approach of **Cooperative Discipline**, teachers offer students choices, set limits, and involve both students and parents in the process of improving behavior. Goal-specific interventions are provided for use at the moment of misbehavior, as well as strategies for improvement of self-esteem. Vignettes from both videocassettes show elementary and secondary students misbehaving, followed by information on diagnosis of the problem, corrective measures, and supportive measures to keep the student behaving appropriately. After a vignette is reshown, the viewer models the appropriate approach, using a similar situation from experience. Teachers develop a five step School Action Plan for each misbehaving student, including a description of the misbehavior, the goal of the misbehavior, interventions for use at the moment of misbehavior, long term strategies for developing self-esteem and gaining future cooperation, and parent involvement strategies. Vignettes are reshown and viewers develop a School Action Plan and continue watching to see how the situation could have been handled using **Cooperative Discipline**. Information is provided on identifying and describing misbehavior, checking teacher and student response clues to identify the goal of the misbehavior, and ways to avoid and diffuse the confrontation. Teachers role play using their School Action Plan and are encouraged to inform parents of that plan and to help them develop a Home Action Plan consistent with it. Vignettes are the basis for further role plays.

Cooperative Discipline: How to Manage Your Classroom and Promote Self-Esteem, two 1/2" VHS videocassettes/color/44 minutes, 58 minutes/1990, 1989/$350.00. American Guidance Service, P.O. Box 99, Publishers' Building, Circle Pines, MN 55014-1796. Other components of the kit include a leader's guide ($34.95), a teacher's guide ($9.95), and 16 blackline masters ($7.95). Items can be purchased separately or as a kit ($395.00).

PRISE reporter is published by the Eastern Instructional Support Center of Pennsylvania (E-ISC). Marianne Price, Director. Funded by the Pennsylvania Department of Education, Bureau of Special Education, through P.L. 94-142. E-ISC is administered, managed, and supervised by Montgomery County Intermediate Unit #23, Erdenheim, Pennsylvania, Dennis Harken, Executive Director.

PRISE is a service of E-ISC, a component of the Instructional Support System of Pennsylvania (ISSP). Overall administration of ISSP is conducted by Central Susquehanna Intermediate Unit #16, Patrick F. Toole, Executive Director.

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Commonwealth of Pennsylvania

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Donald M. Carroll, Jr.
Secretary

Robert P. Casey, Governor

Bureau of Special Education
James A. Tucker
Director

This issue focuses on discipline and behavior management for students exhibiting behavior problems in regular or special education classrooms. Included are resources on assessment of behavior disorders; behavior management procedures to increase compliance, including nonaversive interventions and training in alternate social responses; and recent legal developments concerning discipline.

PRISE reporter

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PASE reporter
issues in the education of students with handicaps
vol. 21, no. 5, June 1990

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WORKING WITH CHILDREN AT RISK DUE TO PRENATAL SUBSTANCE EXPOSURE

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Mary Jones
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Nancy, age five, cannot get the puzzle piece to fit in the puzzle; she persists, pushing it again and again. What she doesn't do is change technique. She doesn't stop, visually scan the puzzle, or seem to use contextual cues to help her succeed.

A teacher is filling sandwich size brown bags with oranges. As she staples them shut, Lenny says in a deep, staged voice, "Them's the drugs."

Sara J. approaches a visitor to the classroom, "What's your name?" she asks. It has taken much intervention to help Sara J. not just indiscriminately climb onto a stranger's lap.

Characteristics of Children Prenatally Exposed to Drugs

By now, most of us have heard about the increasing number of children born who have been prenatally exposed to drugs. Although crack cocaine is making the headlines, most researchers acknowledge that poly drug use is the norm, with alcohol recognized as a leading cause of mental retardation. The National Institute on Alcohol Abuse and Alcoholism estimates that in a preschool classroom of 15 children, chances are that at least three have alcoholic parents. Exposure to other drugs is estimated to occur in 11%-15% of births.

Whether exposed in utero or born addicted, babies prenatally exposed to substances can be very difficult. In utero, the fetus reacts to the mother's hit on the crack pipe through rapid increase in heart beat and extreme startle reaction that may take several hours to control. These babies may have poor eating and sleeping patterns. Some may be hypersensitive to touch, sound, and light; they are easily stimulated and therefore difficult to soothe. Some may lack organized responses to environmental stimuli and have poor arousal, depressed interactive abilities, and few vocalizations. Still others display tremors, decreased quality of movement, or hypertonia (extreme muscle tension). This background affects how an infant learns about people, objects and events in the world, as well as relationships with primary caregivers.

The variety, amount, and timing of drug use during pregnancy, as well as individual constitution, all influence fetal outcome. While there is no typical profile of children prenatally exposed to drugs, there seems to be a developmental continuum of vulnerabilities that persist into the preschool years. Some children are identified as moderately to severely handicapped before three years of age, and receive early intervention services through programs developed for children with disabilities. Other children who were prenatally exposed appear normal in acquisition of major developmental milestones during the first three years of life.

During the preschool years achievement of developmental milestones may become uneven. Some children display fine motor difficulties (completing puzzles, buttoning large buttons, pouring milk) and gross motor clumsiness. Tremors continue for some. Word retrieval difficulties and articulation problems are displayed by others. Many appear disorganized, unable to focus on classroom tasks, impulsive, irritable, and easily distracted. These children show delays and exaggerated reactions to events, particularly in social-emotional development. For example, they often display more difficulty with transitions within the school day, e.g., changes in routine and staff, than expected for children their age. Some children are easily overstimulated and often have difficulty modulating their behavior. For example, giggles can turn into uncontrolled laughter, pleasant moods into sullen ones, independence into extreme dependence.

Often the ways in which these children try to soothe themselves may not be acceptable classroom behavior; for example, a child may simply remove himself from ongoing activities in the classroom. Some children insist on carrying an object wherever they go, often manipulating and twisting it. Others may finger tap, foot jiggle, or thumb suck when overly stressed.

Assessment of these children is complicated. Many display sporadic mastery of skills, i.e., demonstrating a skill one day and not the next, even when the cues and context are the same. Their behavioral and emotional unpredictability make assessment by unfamiliar examiners very difficult. At times, these children will "pass the assessment" because they can do the isolated types of skills often measured on developmental instruments. When more complex skills and problem solving are involved, they may refuse to participate or behave erratically, at best.

Providing Early Intervention Services

Overgeneralizations or overreactions that deny the uniqueness of each child must be avoided. When providing services for this population, care must be taken to suspend moral judgments as to why they are at risk and may need help (e.g., mothers and fathers using drugs). We must not suspend, however, an examination of the child's past experience. In infancy, being moved abruptly to yet another foster home, just as attachment and trust have developed, increases mistrust and behavioral unpredictabil-

ity. The young child raised in group care with multiple caregivers can show indiscriminate attachment and a decrease in appropriate use of adults for support. Moving among well-meaning but undertrained, undercompensated, and undersupported family members can increase inappropriate independence. A case languishing in the court systems until permanent placement is decided can delay the child receiving the kind of stable environment needed for optimal growth.

By the time the child reaches preschool age, the short 1100 or so days since birth often have been complicated by environmental instability. Children have feelings about these experiences that must be acknowledged as real, important, and legitimate by the teaching staff. Children behave and misbehave for a reason, even if it cannot be identified immediately. In responding to misbehavior, the first priority should be to acknowledge what the child seems to want and feel, before dealing with the misbehavior. Doing so allows the child to recognize that feelings are real and valid. Being understood facilitates self esteem and promotes a willingness to function within prescribed limits.

To be effective, intervention services must attempt to counteract prenatal risk factors and stressful life events. It is important to build protective factors into the classroom environment and to provide facilitative ways for these young children to cope appropriately with stress. These include respecting children's work and play space by keeping interruptions and adult distractions to a minimum, and making demands that are developmentally appropriate, not just cognitively but also in terms of social-emotional development. Learning by doing through interaction, exploration, and play should be stressed.

The number of classroom rules which children must observe should be very limited, as should the number of highly structured, teacher-directed activities. Social/emotional needs require ample time for facilitated exploration and play, in which adults actively participate with children. Adults should be consistent and nurturing, explaining what will happen in the classroom, when, and with whom. Rituals and routines provide continuity and reliability. Over time, these strategies strengthen a child's self-control and sense of mastery over the environment.

It is essential that a working home-school partnership be developed in which school staff share their expertise but listen carefully to what caregivers want and need. Through this partnership the teacher learns an individual child's story, which helps the teacher frame reality when engaging in discussion with the child, an essential element of this approach. The teacher should let the child's history and actions guide the kind and intensity of reassurance, support, and intervention she provides.

Children who have experienced disrupted attachment or sudden changes in caregivers, as these children often have, will repeatedly test limits. Teachers need to remember a child's history when determining how to respond. Isolating a child for this misbehavior may convey the wrong message. Teachers may be more successful dealing with these episodes if they recognize that the child may be seeking reassurance that he or she will not be removed. If a child's home placement is to be changed, the teacher can help the child prepare emotionally for the move and provide support to the receiving caregivers. Maintaining a child's preschool placement during such moves can be of great assistance. Acknowledging reality validates the child's experience and feelings and enhances the child's ability to deal with whatever stress the reality brings; ignoring a child's reality will not make it go away.

An effective approach in working with this population is to accept each child and family as having unique strengths and needs. The solution is not to be punitive or demand that the children catch up quickly, but to work with them as individuals, along with their families. As educators, we must remember that while we may not be able to remediate organic deficits caused by prenatal exposure to drugs, or inoculate children against adverse child-rearing conditions, we can provide interventions for children and families that can significantly improve a child's self esteem, self control, and ability to solve problems in the real world.

Editor's Note. An issue of the **Prise reporter** *next year will address the topic of fetal alcohol syndrome.*

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Gayle Sadofsky, M.A., is the principal of Salvin Special Education Center and has worked in special education for more than 20 years.

CURRENT CITATIONS

Baumeister, A. A., Kupstas, F., & Klindworth, L. M. (1990). **New morbidity: Implications for prevention of children's disabilities.** *Exceptionality, 1* (1), 1-16.

In an effort to account for the increasing prevalence of such problems as adolescent homicide and suicide, substance abuse, sexually transmitted diseases, AIDS, and developmental problems, the authors have developed a model that identifies and analyzes a number of specific environmental, psychosocial, and economic factors that adversely affect children's well-being. They report that the overall rate of drug-exposed births is about 11%, affecting at least 375,000 newborns each year. Drug-exposed births have increased 300% to 400% since 1985—as many as one in six births in hospitals. The authors review the literature on the effects of fetal alcohol syndrome and prenatal exposure to cocaine, and identify three areas for preventive intervention planning: prenatal care, adolescent pregnancy and childbirth, and low birthweight.

Bellissimo, Y. (1990). **Crack babies: The schools' new high-risk students.** *Thrust for Educational Leadership, 19* (4), 23-26.

The author expresses concern over the lack of public attention focused on the problems faced by children exposed to cocaine in utero once they enter school. The neurological antecedents of this condition and the potential for intervention remain unclear and under-researched, and the education system is ill prepared to cope with their special needs. Four immediate needs are identified: (1) develop cooperative alliances with day care providers, families, schools, and health care professionals in the hope of improving behavior and learning, (2) study the way in which neurological damage caused by prenatal drug exposure is manifested in social behavior and academic deficits, (3) develop assessment tools to determine the nature and scope of damage before intervention programs are designed, and (4) provide staff and parent training programs to those involved with drug-exposed children. Two model programs in Los Angeles and Sausalito are described that offer special assistance for families of drug-exposed children.

Griffith, D. R. (1988). **The effects of perinatal cocaine exposure on infant neurobehavior and early maternal-infant interactions.** In I. J. Chasnoff (Ed.), *Drugs, alcohol, pregnancy, and parenting* (pp. 105-113). Kluwer Academic, Order Dept.-M, P. O. Box 358, Accord Station, Hingham, MA 02018, 617/871-6600. 206 pp. $44.50

This chapter describes the response deficits of cocaine-exposed infants and the interventions taught to mothers at the Northwestern University Perinatal Center for Chemical Dependency to help them provide adequate stimulation for their infants. The majority of these infants had very low thresholds for overstimulation and spent much time either in deep sleep or in uncontrolled crying in response to stimulation. When overstimulated, these infants used gaze aversion, visual locking, eye closing, and controlled motor movements as self-protective behaviors. Mothers in the program are taught to recognize signs of overstimulation (e.g., grimaces, color changes, jerky moving) and to use soothing techniques (e.g., speaking in a low rhythmic voice; providing auditory or visual stimulation, but not both at the same time). Techniques used to help the infant reach an alert state include tight swaddling, use of a pacifier, hand holding, and vertical rocking.

Howard, J., Beckwith, L., Rodning, C., & Kropenske, V. (1989). **The development of young children of substance-abusing parents: Insights from seven years of intervention and research.** *Zero to Three: Bulletin of National Center for Clinical Infant Programs*, 9 (5), 8-12.

The authors examine the unique issues that present themselves when working with substance-abusing families. Parents who are addicted have a primary commitment to chemicals, not to their children, and disruption and chaos in the household result in the neglect or disregard of the child's needs. Chronic drug use impairs the parent's thoughts and perceptions, and safety in drug-controlled neighborhoods is always an issue for parents and children. On-going research is hampered by the instability of the subjects' daily lives. Current findings, however, show that prenatal drug exposure increased the initial risk evident at birth by extending the organic, physiological effects: (1) into emotional development in regulation of affect, (2) into social development in organization of relationships, and (3) into cognitive development in representational and symbolic aspects of children's play.

Howard, J., & Kropenske, V. (1990). **A prevention/intervention model for chemically dependent parents and their offsprings.** In S. Goldston et al., *Preventing mental health disturbances in children*. American Psychiatric Press, 1400 K St. NW, Washington, DC 20005. 800/368-5777. $36.00.

After describing the physical, psychological, and social problems facing the prenatally drug-exposed baby, the authors present a model to deal with the unique situations faced by this at-risk population of infants and their care givers. The model project was designed and developed within an ecological framework that addresses and integrates the problems of the parents, family dynamics, the special issues and vulnerabilities of the child, and the roles and services of community agencies. The two goals of the model project were (1) to promote a stable and appropriately responsive environment for these infants and (2) to ensure continuity in their health care. These goals were accomplished through ongoing developmental assessment for the identified infant and siblings; parent or caregiver education on dealing with the health, social, and safety needs of the child; and social work intervention, referrals, and interagency collaboration.

Revkin, A. C. (1989). **Crack in the cradle**. *Discover, 10* (9), 62-69.

Through scenarios and case studies, the effects of crack cocaine on the prenatally exposed infant are described. Ira Chasnoff's studies at Northwestern Memorial Hospital in Chicago of the effects of cocaine on some 200 pregnant women are cited, as well as animal studies being conducted in New York, West Virginia, and California. Model programs for dealing with crack-using mothers and their infants in Florida and California are detailed.

Rist, M. C. (1990). **The shadow children**. *The American School Board Journal, 177* (1), 19-24.

The future in school of children prenatally exposed to crack cocaine is discussed. The first wave of these babies — born after crack cocaine hit the streets in 1985 — will enter kindergarten classes in the fall, and schools are not prepared to cope with their multiple layers of problems.

The danger to the child prenatally exposed begins in the womb. Physical malformations and damage to the infant's central nervous system can occur, as well as prenatal stroke and other risks incurred by the increased incidence of premature birth. Once born, the prenatally exposed child suffers the combined effects of its own physical problems and the inability of the drug-dependent caregiver to adequately care for it. Overt aggression and extreme withdrawal are coping mechanisms that these babies develop early.

To prepare for the arrival of substance-exposed children, school districts need to develop means for early identification, to lobby for funds, to involve district administrators and personnel, and to begin looking at appropriate environments for cocaine-exposed children. Special consideration must be given to the psychosocial and emotional needs of these children and situations must be made less stressful, less demanding, and more predictable.

Weston, D. R., Ivins, B., Zuckerman, B., Jones, C., & Lopez, R. (1989). **Drug exposed babies: Research and clinical issues.** *Zero to Three: Bulletin of National Center for Clinical Infant Programs*, 9(5), 1-7.

The authors enumerate the numerous and often conflicting issues which affect research and intervention concerning drug-exposed babies. Practitioners who work with drug-exposed infants and their families can better evaluate research information by considering (1) the limits of the usefulness of animal studies, (2) the validity of self-reported drug use, and (3) failure of some studies to take into account the many interacting sociological and ecological variables affecting this population.

The danger of stereotyping this population of mothers and infants is stressed. Drug use includes many patterns, and not all babies exposed to drugs in utero will be affected in the same way. Treatment efforts must focus on the individual differences of each mother and child and must be realistic to support the mother, protect the infant, and promote positive mother-infant interactions.

New PRISE General Distribution Searches Available for Parents and Educators

*PRISE continues to respond to individual requests for information related to specific needs. In addition, **PRISE** has prepared new **General Distribution Searches** on various topics in special education which may be of particular interest to **parents** as well as **educators**. By completing the form at the bottom of this page and returning it to PRISE, you will receive the bibliographies requested. With each bibliography you will receive instructions on ordering articles.*

58-90 Developing Play Skills in Preschool Children with Handicaps
Contains information for parents on playing with their preschool child with handicaps. Includes research on play development, play activities, and resources for parents.

59-90 Preparing for IEP/IFSP Meetings
Contains information for parents on effective participation in their child's IEP/IFSP (Individualized Family Service Plan) meeting. Also includes information on due process and parental rights as they relate to P.L. 94-142 and P.L. 99-457.

60-90 Living with Your Autistic Child
Contains basic information about autism as well as citations on parent role, family concerns, and programs and activities for children with autism.

61-90 Using Drug Therapy in Managing Children with Handicaps
Contains information on using drugs to manage children with handicaps. Oriented towards parents, there are three main parts: (1) general information that parents need to know about drugs, (2) parents' perspectives on drug therapy, and (3) research on medication.

62-90 Parental Involvement in Educational Programming for Students with Disabilities
Contains information to promote parental understanding of educational programs and suggests guidelines for their participation in home-school programs for children with disabilities.

63-90 School Readiness
Contains literature which deals with the criteria for determining if a child is ready to start school.

64-90 Training Parents of Children Who Have Behavior Disorders
Contains descriptions of programs to train parents in effective management of child behavior problems.

65-90 Learning Styles: What's It All About?
Contains literature which explores the concept of learning styles and the differences in style exhibited by students. Diagnosing learning styles and matching them with teaching styles are also discussed.

66-90 Fathers of Handicapped Children
Contains information which explores the impact of a child's disability on his or her father and interventions and support groups aimed at fathers.

67-90 Especially for Parents: Skills for Successful Parenting
Contains a collection of articles and excerpts that would be helpful to parents, teachers and anyone else engaged in relationships with children or adolescents. The selections contain concrete examples which are valuable interpersonal tools.

68-90 Dealing with Death and Bereavement: Postvention
Parents and teachers too often have the responsibility of helping children deal with the death of a classmate, parent, or teacher. Here are some concrete ways to approach postvention, dealing with the aftermath of a death.

69-90 Understanding Stepfamilies
Contains information on the impact of remarriage and the blending of families. The relationships, roles, and functions of all participants are explored.

Two searches listed in a previous PRISE Reporter are particularly relevant to this month's topic of prenatal drug exposure.

22-39 Effects of Prenatal Illicit Drug and Alcohol Exposure on Child Development
Contains information on the effects of prenatal alcohol abuse and illegal drug use on child development.

55-90 Effects of Prenatal Crack and Cocaine Exposure on Infants and Young Children
Contains information on the psychological and physiological effects of prenatal crack and cocaine exposure on infants and children and the implications for early intervention and education.

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RESOURCES

Cole, C. K., Ferrara, et al. (1989). **Today's challenge: Teaching strategies for working with young children prenatally exposed to drugs/alcohol.** Los Angeles Unified School District, Division of Special Education, Prenatally Exposed to Drugs (PED) Program. Contact Salvin Special Education Center and School, 1925 Budlong Ave., Los Angeles, CA 90007. 213/731-0703

This booklet provides guidelines for the adaptation of preschool programs to serve prenatally drug/alcohol-exposed children. Strategies are organized into the areas of learning, play, social/emotional, communication, motor development, and home/school partnership. In each area normal development is described and contrasted with behaviors of at-risk children. Teaching strategies are then enumerated.

The **National Association for Perinatal Addiction Research and Education (NAPARE),** a not-for-profit membership organization incorporated in 1987, addresses a range of chemical and research needs concerning perinatal addiction and the long-term outlook for children exposed in utero to licit and illicit drugs. **NAPARE** provides an interdisciplinary forum for meeting these needs; membership includes clinicians, researchers, social service professionals, educators, and attorneys. **NAPARE** goals include providing a national network for exchange of information regarding prevention of and intervention in problems associated with drug use in pregnancy, encouraging and coordinating related research, and translating current related research into public education programs and public health policy. **NAPARE** publishes a quarterly newsletter and coordinates an annual training forum, for which videotapes from selected sessions are available.

NAPARE, 11 E. Hubbard, Suite 200, Chicago, IL 60611. 312/329-2512. Individual membership $45.00

RESEARCH BRIEF

Finnegan, L. P. (1988). **Influence of maternal drug dependence on the newborn**. In S. Kacew & S. Lock (Eds.), *Toxicologic and pharmacologic principles in pediatrics* (pp. 183-198). Hemisphere Publishing Corporation, 79 Madison Ave., Suite 1110, New York, NY 10016. 800/821-8312. $59.50

As a result of clinical and research activities within Family Center, a comprehensive outpatient methadone maintenance treatment program for drug-dependent women in Philadelphia, a great deal has been learned about the characteristics and needs of drug-dependent women and about the medical and developmental outcomes of their children. Treatment of drug-dependent women, infant morbidity and mortality, neonatal abstinence syndrome, and observable behavioral characteristics of the neonate are discussed. Data are presented on the psychosocial problems of drug-addicted women, as well as the physical complications exhibited by their infants. Cocaine exposure also is documented and its effects discussed.

Rodning, C., Beckwith, L., & Howard, J. (1989). **Characteristics of attachment organization and play organization in prenatally drug exposed toddlers**. *Development and Psychopathology, 1* (4), 277-290.

Prenatally drug-exposed toddlers were compared to preterm toddlers from similar low socioeconomic backgrounds, ethnicity and single parent households. They were compared on such behaviors as intellectual functioning, quality of play, and security of attachment to the parent or parent figure. The drug-exposed toddlers had significantly lower developmental scores, less representational play, and the majority had insecure-disorganized-avoidant attachments. Prenatal drug exposure appeared to extend the initial physiological risk shown at birth into a long term effect on regulation of affect, social development in the organization of relationships, and cognitive development in the representational and symbolic aspects of children's play.

VIDEOCASSETTES

Babies At Risk, a segment of the CBS show **48 Hours,** focuses on babies exposed prenatally to cocaine. Interviewed are two pregnant women who used cocaine during their pregnancies, a public health worker who stops pregnant women on the street and transports them to a hospital for prenatal care, a physician from the Hospital for Sick Children, and a nurse from Children's Hospital, all from Washington, D. C. Also interviewed is the only obstetrician in a five county area in West Virginia, who handles many high-risk pregnancies. Discussed are some of the possible effects of prenatal exposure to cocaine: tremors, need for sustained help in breathing and eating, kidney problems, and difficulty learning new skills. Costs for hospitalization run from $100,000 to $175,000 per child per year.

Also shown is the arrest of a mother in Florida for passing cocaine to her newborn baby through the umbilical cord. The discrepancy between services needed (e.g., 3,500 reported pregnant addicts in Florida) and those available (only 135 residential beds) is discussed. An obstetrics nurse is interviewed making home visits in one of the poorest suburbs of San Jose in Costa Rica, which has a lower infant mortality rate than Washington, D.C., despite spending a fraction of the amount spent on medical care in the United States. The former Commissioner of Health Services in Washington, D.C. and the Executive Director of the National Commission to Prevent Infant Mortality also are interviewed.

Transcript #98, March 15, 1990, *Babies At Risk*, available from Journal Graphics, 267 Broadway, New York, NY 10007, $4.00. Videotape available from Ambrose Video Publishing, Inc., Suite 1601, 381 Park Avenue South, New York, NY 10016. 212/696-4545. 1 hour.

Cocaine's Children introduces Dr. Ira Chasnoff, who runs the oldest program researching cocaine and the newborn, located at Northwestern Memorial Hospital in Chicago. The problem of prenatal cocaine exposure crosses all segments of the population. Women taking cocaine during the first three months of pregnancy are more at risk for spontaneous abortion, and those taking it throughout and during the last three months are at risk of early delivery and premature labor. In some cases, the placenta rips from the womb causing fetal death, or, if the fetus survives this,

it may be born with birth defects. Cocaine-exposed babies also are more at risk for sudden infant death. The infants shown in the intensive care nursery are tremulous, easily disturbed, and very small. Even at three months, they are hypertonic, irritable, and show difficulty responding to voice and touch. By the fourth month, some changes are seen; by six months, these children may score in the normal range and grow to be healthy adults without permanent damage. To do so, they need proper care and loving from those closest to them, which is often difficult since parents may feel anxious, guilt ridden, and ambivalent. Finally, a parent is shown who has quit drugs and made a difference for her child, who had problems with reading ability, language development, speech, fine motor development, and concentration.

Cocaine's Children, March of Dimes Birth Defects Foundation, 1275 Mamaroneck Avenue, White Plains, NY 10605. 914/428-7100. 1987. 1/2" VHS. 10 minutes. $40.00.

This segment of the BET Network show **Our Voices** focuses on the effects of prenatal exposure to cocaine. Interviewed are a mother who used cocaine during pregnancy, Dr. Michel Young of Washington, DC General Hospital, Davene White, Howard University Hospital, and Dr. Reed Tuckson, formerly Commissioner of Health Services in Washington, DC and now with the March of Dimes. Although some of these babies demonstrate low birth weight, many are of average weight, length, and head circumference, so detection of prenatal exposure to cocaine is not always easy. Such exposure early in pregnancy can cause abnormalities in the infant's intestinal, genital, or urinary systems; later exposure can result in problems in labor or an abnormally formed limb or kidney. Binge use can result in cerebral infarctions, or strokes in utero. Babies demonstrating abstinence syndrome may have feeding difficulties, and seizure disorders and emotional disorders have been found, along with difficulty in tracking objects and spatial relations. Cocaine-exposed infants come from all economic strata, and although overall cocaine use is declining, the number of regular abusers is increasing. More than 1,000,000 individuals of child-bearing age abuse drugs, and many who use cocaine do so in conjunction with other drugs, such as marijuana or alcohol, compounding the infant's difficulties. Options for providing care to pregnant women using cocaine are discussed.

Our Voices, March 26, 1990 show on drug-exposed babies, BET Productions Tape Requests, 1899 9th St., N.E., Washington, DC 20018. 202/636-2400. 1/2" VHS. 1 hour. $49.95.

PRISE reporter is published by the Eastern Instructional Support Center of Pennsylvania (E-ISC), Marianne Price, Director. Funded by the Pennsylvania Department of Education, Bureau of Special Education, through P.L. 94-142. E-ISC is administered, managed, and supervised by Montgomery County Intermediate Unit #23, Erdenheim, Pennsylvania, Dennis Harken, Executive Director.

PRISE is a service of E-ISC, a component of the Instructional Support System of Pennsylvania (ISSP). Overall administration of ISSP is conducted by Central Susquehanna Intermediate Unit #16, Patrick F. Toole, Executive Director.

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This issue focuses on the increasing population of young children exposed prenatally to cocaine, and considers the special educational needs that many of them will have. Included are reviews of research on the effects of such exposure on learning and development along with strategies for working effectively with these children.

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